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ABSTRACT

Designed to serve as a model and resource for teachers setting up family life education programs at the secondary level, this family life education curriculum guide presents a specific ten-session model for programs at both the high school and junior high school levels. While both programs attempt to provide a broad overview of the areas commonly covered in family life education courses, the junior high program tends to focus more on the issue of self-esteem, while the senior high programs focuses more on problem solving and decision making. Topics of the junior high program sessions are an introduction to self-esteem, listening and communicating, sex roles, adolescent growth and development, pregnancy and birth, decision making, birth control and parenting, and pregnancy alternatives and venereal disease. Session topics for the senior high program include reproductive anatomy and physiology, sex roles, decision making within relationships, venereal disease and communication, pregnancy and birth, teen parenting, pregnancy alternatives and birth control. Appendixes contain a family life education bibliography, audio-visual resources, film guides, a sample parent notification form, and a sample parents' review night. (MN)

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FAMILY LIFE EDUCATION: CURRICULUM GUIDE

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Steven Bignell
Education Director

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INTRODUCTION TO GUIDE

The Family Life Education: Curriculum Guide is meant to serve as a model and resource for teachers setting up family life education programs at the secondary level. It presents a specific ten-session model for programs at both the high school and junior high school level. While both programs attempt to provide a broad overview of the areas commonly covered within family life education courses, the junior high program tends to focus more on the issue of self-esteem while the senior high program focuses more on problem-solving and decision-making. In both instances, the content covered tends to reflect the basic areas that students, parents, and teachers have indicated are the most important and most essential.

We are the first to admit that a ten-session, two week program is an inadequate amount of time to cover the tremendous amount of information and skill development needed in the area of family life and sexuality. However, we are also well aware of the constraints operating within school systems. These programs and this curriculum guide are designed to fit easily into already existing classes. Various adaptations of this curriculum have been presented in over 400 different classes including community health, home economics, English, science, social studies and physical education classes. Although it can be very successfully presented as a ten-session model, we urge that whenever possible the program be expanded, particularly in the essential areas of esteem-building and decision-making. Most of the sessions include optional exercises. The family life education bibliography (see Appendix A) includes a section that lists other curriculum and resource guides where other teaching activities can be found .

The Family Life Education: Curriculum Guide divides both the junior and senior high program into ten sections. Each section begins with a listing of the general objectives for that session and with a brief overview and explanation of the approach. The Approach oftentimes also lists ideas for expanding that particular session.

The objectives and approach are then followed by the Sample Lesson Plan. Because we are well aware of the restrictions faced by classroom teachers, we have designed the lesson plans around a fifty-minute class session. In most instances, the amount of time allotted for an exercise is the minimum amount of time needed to present the activity. When a session is longer than fifty minutes, exercises can easily be expanded to include more discussion or more detailed information.

The sample lesson plan is followed by detailed descriptions of how to set up and process the exercises suggested in the sample lesson. When the teaching activity is primarily information-giving (through the use of lecture or audio-visual), we have presented only a brief outline of the important points that need to be covered. There are a number of books listed in the bibliography (Appendix A) which can provide in-depth content information. (See also: Sex Education: Teacher's Guide and Resource Manual for detailed background information outlines.) Many of the sections also include optional activities, either for the expansion of the program, or in order to tailor the program differently and specifically to the needs of a particular class.

Since many of the sample lesson plans include time set aside for anonymous questions, we decided to include, where appropriate, typical questions written by students. Though we have also included examples of responses, we suggest that a teacher clearly understand his/her limits (in relation to the attitudes of the community) when responding to such questions.

When designing the lesson plans, we tried, as much as possible, both at the high school and junior high school level, to choose techniques that would provide accurate information while also presenting students with an opportunity to discuss and share ideas with their peers. Particularly in the area of family life, it is important that young people be given a chance to explore and clarify their feelings. Even when a teacher finds it appropriate to expand the informational content of the sessions, we would hope that he/she would choose activities that would provide students with a positive view towards themselves, their friends, family life and sexuality.

The appendices within this guide book offer curriculum and film resource information, background information on laws related to both family life education and legal rights of minors, a sample parent notification form, and a sample parent review night invitation.

We designed this curriculum guide to fit into looseleaf binders in the hopes that teachers would expand it and up-date it with new material.

We would like to make one final and important point. Though we have placed this curriculum guide into a ready-made, easy-to-use format, we feel it extremely important that before a teacher begin teaching in this sensitive area, he or she receive thorough training. Many of the exercises and activities presented in this curriculum guide require special skills and experience. A teacher needs to be clear as to the goals and purpose of what is being attempted, and he/she needs to be sensitive to the needs of both students and the community. Good training programs can help provide both clarity and skill development.

GOALS AND PHILOSOPHY OF FAMILY LIFE AND SEX EDUCATION[1]

Family Life and Sex Education Defined

The term "family life and sex education " has been used to describe courses covering a wide range of topics and utilizing a broad spectrum of educational techniques. Consequently, a great deal of miscommunication can occur due to a failure to define what one means by the nebulous phrase, "family life and sex education." Therefore, it seems important at the outset to specify exactly what we mean by this term.

Family life and sex education, defined in a broad sense, is a dialogue with individuals about who they are and how they relate to others (Calderwood, 1975). Although family life and sex education is, first and foremost, a function of the home, it may be most effectively undertaken as a cooperative and complementary effort by the home, the church and the school. It seeks to provide learning experiences and guidance relevant to the needs, concerns, interests and aspirations that arise out of human psychosexual development. It is intended to help young people develop attitudes, values, goals and behaviors -- based on sound knowledge -- that are conducive to the expression of their sexuality as a positive and constructive force. It is an integral part of their preparation to lead full and enriching lives (Hoyman, 1970).

What are the Goals of Family Life and Sex Education?

Family life and sex education seeks to integrate the following three components into a meaningful educational experience:

Adequate and accurate knowledge of human sexuality in its physical, psychological and social dimensions;

Clarification of attitudes and values pertaining to sexuality; and

Skills in decision-making and communication.

The successful integration of these components in a responsible Family Life and Sex Education unit is directed towards the achievement of these primary goals:

1) an increase in positive and fulfilling sexuality, and

2) an increase in responsible sexual and reproductive behavior.[2]

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[1] Excerpted from *Family Life Education: Community Support and Implementation Manual*, Family Life Education Program Development Project, 212 Laurel Street, Santa Cruz, Ca. 95060, forthcoming Fall, 1979.

[2] A recent nation-wide survey of sex education specialists revealed that a great deal of agreement exists among professionals regarding the primacy of these two goals (Kirby and Alter, 1978).

How Can These Goals Best Be Accomplished in a School Setting?

We have identified nine concepts which we feel form the basis of a responsible family life and sex education program. These concepts may function as useful guidelines in the development and implementation of sound programs:

1) Responsible family life and sex education seeks to maximize the involvement of students. Students are an invaluable source of information and should be utilized in the planning of any program intended to meet their needs. Additionally, their active involvement in classroom discussion and activities is essential to the meaningful integration and internalization of concepts central to family life and sex education.

2) Responsible family life and sex education is based on parental and community involvement in the planning and implementation of curriculum.

3) Responsible family life and sex education seeks to promote respect for parental values, and encourages communication between students and their parents.

4) Responsible family life and sex education reflects the diversity of values which exist in our pluralistic society, and seeks to promote a healthy repsect for these differences.

5) Responsible family life and sex education reflects sexuality as an integral part of the whole person, and promotes positive and fulfilling sexuality as central to good physical and mental health.

6) Similarly, responsible family life and sex education is neither crisis-oriented, nor does it rely heavily on the use of fear tactics. The burgeoning number of family life and sex education programs in recent years have largely been conceived in response to the epidemic of teenage pregnancies and VD. Although we recognize these as serious social problems, we do not feel that the "band aid" approach of a course emphasizing the problems of teen pregnancy or the horrible and insidious consequences of untreated VD will significantly impact on these problems.[1] Rather, comprehensive sex education in the schools is but one component of a successful program to combat teen pregnancy and V.D. Such a program must involve the school, parents, and community in a joint effort aimed at providing positive and self-enhancing educational experiences, meaningful work experiences, and a supportive and caring network of social and health services.

7) Responsible family life and sex education should stress respect for self and others as the fundamental basis for decision-making.

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[1] Research has shown that the use of such fear-arousing techniques may provoke a great deal of anxiety (particularly for low self-esteem individuals) and result in suppression of the intended message (Leaventhal, 1971).

8) Responsible family life and sex education promotes, where legitimate differences of opinion exist regarding an issue of sexual or reproductive behavior, a genuine dialogue based on accurate information. In no instance should a teacher attempt to provide definitive answers or to represent his or her own point of view as the consensus of major religions or of our pluralistic-democratic society (National Council of Churches, et al, 1968).

9) Responsible family life and sex education seeks to establish an environment conducive to the exchange of information and ideas. Students need the opportunity to discuss their concerns, interests, and ideas with peers in order to arrive at a clearer understanding of their personal feelings and values.

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Hoyman, H.S., "Should We Teach Sexual Ethics in Our Schools?" In The Journal of School Health, September, 1970.

Kirby, D. and Atler, J., "Important Features and Outcomes of Sex Education Programs" (working paper), Mathtech, Inc., 4630 Montgomery Avenue, Bethesda, Md., November, 1978.

Leaventhal, H., "Fear Appeals and Persuasion: The Differentiation of a Motivational Construct," In American Journal of Public Health, June, 1971.

National Council of Churches, Synagogue Council of America, and United States Catholic Conference, Interfaith Statement on Sex Education, June, 1968.

RATIONALE FOR FAMILY LIFE AND SEX EDUCATION[1]

Educators and administrators seeking to implement programs in their community often find themselves in an advocacy position with respect to family life and sex education. Thus, they must be familiar with information which supports the need for family life and sex education, as well as its efficacy. Additionally, when seeking to implement programs in the school setting, they must be prepared with a rationale supportive of the school's involvement in family life and sex education. This section, then, is intended to provide educators and administrators with this pertinent background information.

THE NEED FOR FAMILY LIFE AND SEX EDUCATION

The need for family life and sex education can be substantiated from a number of differing philosophical points of view, and supported by a large body of factual information. We feel that some of the more salient arguments are:

Teens overwhelmingly recognize their need, and express a desire, for family life and sex education.

In a survey of 700 Minnesota high school students, it was found that most students wanted help from adults in coping with their sexual relationships, and they felt that their parents, the church and the school had failed them in this area (Martinson, 1969). Other studies have shown that students, when provided with family life and sex education, are uniformly receptive and supportive of the programs (Gendel, 1971; Mason, 1974).

Sexual activity among teenagers is widespread.

Eleven million teens, or slightly more than 50% of the teens aged 15 to 19, are sexually active (Alan Guttmacher Institute, 1976).[2] Among 13 to 14 year-olds, roughly 9% are sexually active (Alan Guttmacher Institute, 1978). Four out of five of these sexually active teenage women fail to use contraception on a regular basis (Green, et al, 1977). Given the fact that some of these teens are purposefully trying to become pregnant, there remains an estimated 2,000,000 teenage women at risk of unintended pregnancy (Dryfoos, 1973).

Teenage pregnancy and venereal disease are affecting increasing numbers of our youth.

Each year more than one million teens (or 10% of the teenage female population) become pregnant (Green, et al, 1977).[3] Pregnancies are occuring in increasing numbers to teenagers, 10 to 14 years of age (Eddinger, 1977). Sixty percent of pregnancies to teens end in live birth, the remainder in induced or spontaneous abortion (Jaffee, et al, 1976). The best available statistics indicate that two-thirds of these pregnancies are unintended (Alan Guttmacher Institute, 1976).

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[1] Excerpted from Family Life Education: Community Support and Implementation Manual, Family Life Education Program Development Project, 212 Laurel St., Santa Cruz, Ca. 95060, forthcoming Fall, 1979.

[2] This is normally interpreted to mean having had sexual intercourse.

[3] This translates into an astounding pregnancy rate of 30% for sexually active teens (Honig, 1978).

Early childbearing poses serious health, social and economic problems for adolescent mothers and their children:

-- Teen mothers, 15-19, are 13% more likely to die during pregnancy than women over 20, while pregnant teens, 14 and younger, are 60% more likely to die during pregnancy (Green, et al, 1977).

-- Pregnant teens run a 4 to 5 times higher risk of pregnancy complications than women in their 20's (Menken, 1972). These complications commonly include toxemia and premature birth, risk factors for such conditions as epilepsy, cerebral palsy and mental retardation (Green, et al, 1977).

-- The rate of infant mortality is 2 to 3 times higher for children born to teens (Green, et al, 1977)

-- Adolescent pregnancy is the number one cause of female high school dropouts (Green, et al, 1977). This is reflected in the fact that adolescent mothers are significantly less likely to complete high school than women who postpone childbearing (Eddinger, 1977).

-- Adolescent mothers attempting to enter the job market are severely disadvantaged due to their lower than average educational achievement, lack of work experience, and the limitations imposed by childcare responsibilities (Waite, et al, 1977; Furstenberg, 1976).

-- Sixty percent of teen marriages precipitated by pregnancy end in divorce within six years (Alan Guttmacher Institute, 1976). This represents a divorce rate two to three times higher than the rate for teen marriages not precipitated by pregnancy (Coombs, 1970). This comparison is particularly astounding when considered in light of the fact that teenage marriages are two to three times more likely to break up than marriages occuring between persons in their 20's (Green, et al, 1977).

-- Teen mothers consistently experience greater difficulty in realizing their life plans, when compared with their peers who do not bear children (Furstenberg, 1976).

-- Nine percent of teenage mothers attempt suicide, a rate seven times the national average for teenage women without children (Braen, 1971).[4]

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[4] Some of this research has been criticized for a failure to control for socioeconomic status (SES), ethnicity and adequacy of prenatal care --- factors which could clearly attenuate the significance of the reported correlations between age and medical, social and economic factors.

Little research has been done to illuminate the consequences of early parenthood for teenage males. The small amount of available data suggests that the economic and social consequences are similarly adverse (Furstenberg, 1976; Coombs, 1970). Nye (1973) found that men who marry in their teens are more likely to have unskilled, low-paid jobs which provide less job security or chance for advancement.

Aside from the incalculable personal costs to the individuals immediately involved, and to society in terms of human resources never utilized, the cost in dollars and cents is astronomical. It is conservatively estimated that every out-of-wedlock child costs society $100,000 over a lifetime in welfare assistance (McAnarney, 1974).

Gonorrhea is the most frequently reported communicable disease in this country, in spite of the fact that only 25% of the new cases are reported. Approximately one-third of the reported cases (or some 250,000 cases) occurred among teens and pre-teens, 10 to 19 years old (Saltman, 1977).

Of the 25,000 new cases of syphilis reported in 1972, 4,000 cases occurred among teens, aged 15 to 19. The Public Health Service estimates that the actual figures are four times the reported figures (Saltman, 1977).

The majority of teenagers are uninformed and/or misinformed about their sexuality.

Much of the preceding information reflects the collective ignorance of youth today about their sexuality. Currently the primary sources of information for teenagers regarding human sexuality are the media and peers. The inaccuracy, as well as the distortion, of much of this information has been well documented (Elias and Gebhard, 1969; Schwartz, 1969; Thornburg, 1970, 1972, 1974; Reichelt, 1976; McCary, 1978). In one study, it was found that only 23% of pre-adolescent youth tested had adequate to excellent information (Schwartz, 1969). In a more recent survey of 1,190 teens attending a birth control clinic (Reichelt, 1976), it was found that:

-- 37% did not know when a woman is most likely to conceive

-- 24% did not know that a woman could get pregnant the first time she had sexual intercourse

-- 30% thought that a woman would not get pregnant unless she had an orgasm

-- 27% did not understand how venereal diseases are transmitted

-- 34% did not know that condoms are a form of VD prevention

-- 26% thought that VD conferred permanent immunity

Yet another survey recently administered to 579 high school students in three states discovered that 30 to 60% of the teens did not know when a woman was most likely to get pregnant, that VD could be transmitted through open sores, or that withdrawal might not be an effective method of preventing pregnancy (Zero Population Growth, 1978). The recently conducted National Assessment of Health Awareness Among 17-year-olds and Young Adults (1978) concluded that, "Apparently many young adults do not understand the risks and are making false assumptions about what might cause or prevent pregnancy."

Responsible family life and sex education is an integral part of the preparation for leading a productive and fulfilling life.

The Kinsey reports confirmed that guilt feelings aroused by inadequate sex knowledge interfere with happy living, school work, friendship, and marital adjustment (1948, 1953). Other studies have found that those who are less knowledgeable about human sexuality are less capable of experiencing their sexuality as a positive and constructive force, and that they manifest greater anxiety and are more likely to deal with their anxiety by the maladaptive means of repression and denial (Wright and McCary, 1969; Barfield, 1971).

In spite of the long-standing correlation between knowledge regarding human sexuality and personal adjustment, we feel that family life and sex education has at no time before had a potentially more significant role to play in the lives of our youth than it does today. In American society we are currently experiencing rapid change in all areas of life. The previously unchallenged moral absolutes are being questioned by a growing number of persons. A permissive attitude towards sexuality appears to be evolving in our society,[1] and with it comes increasingly complex demands upon its members. Young people desperately need the opportunity to share their feelings and attitudes, to discuss their moral dilemmas, in a supportive and healthy environment. Through such a process, individuals can build the moral framework necessary for making responsible decisions. This is, in essence, the contribution which responsible family life and sex education can make towards the preparation of our youth to lead productive and fulfilling lives.

DOES THE SCHOOL HAVE A LEGITIMATE AND IMPORTANT ROLE IN FAMILY LIFE AND SEX EDUCATION?

It is important to realize that the question of who shall provide family life and sex education is much more pertinent in our sex-saturated society than whether or not such education should be provided. Whether we like it or not, the youth of today are bombarded with sex information through the media, in the school yard and on the street corner from the time they are very young. The fact remains that while we strongly feel that family life and sex education is best undertaken as a cooperative effort between the family, the church and the school, the undeniable reality is that most teens do not receive their sex education from these sources. Therefore, it may be necessary for the schools to assume a leadership role in the provision of family life and sex education.

Numerous arguments have been advanced to support the school's involvement in family life and sex education. We feel that some of the more important reasons are:

-- The schools have the unique ability to provide family life and sex education so that it reaches all students over time. Through no other channel will so many teens be uniformly educated regarding human sexuality.

-- Human sexuality is an integral part of all that we are. To omit education regarding sexuality from the school curricula is an unnatural, artificial portrayal of reality. In fact, the schools have a potentially rich and, as of yet, largely unexplored opportunity to emphasize the relevance of human sexuality to other areas of study.

-- Parents have a major role to play in sex education. To teach how to judge what is right and wrong, and how people should be treated is clearly one of the main tasks of parents. Many parents, however, are ill-prepared to assume the entire responsibility for providing their children's family life and sex education, and a vast majority have indicated that they want help in this aspect of their children's education. In most cases, the schools are better able to keep abreast of the many developments in the fields of science, psychology and sociology which impinge on family life and sex education. Additionally, because of the many conscious and unconscious tensions associated with child-parent interactions, parents often find discussion of sexual matters with their children difficult at best.

-- If one of the primary goals of our educational institutions is the preparation of our youth to lead productive lives, then the inclusion of family life and sex education in the curriculum is crucial. Moreover, if our educational institutions are to respond to the expressed needs of our youth, then the inclusion of family life and sex education has been mandated. In a recent survey of 2,000 7th to 12th grade students, the lack of sex education was identified as the biggest problem in their schools (National Association of Secondary Schools, 1977).

-- Similarly, if the schools (as public, tax-supported institutions) are to respond to the communities which they purport to serve, the inclusion of family life and sex education is further supported. The vast majority of parents support the school's involvement in family life and sex education. A survey conducted in the state of Washington found that 88% of parents agreed with the statement, "Sex education should be offered in the schools" (Libby, 1970). Another more recent study found 95% of parents supportive of the school's role in sex education (Dearth, 1974). Programs, once implemented, meet with an equally favorable parental response. A survey of family life education in the high schools of Kentucky found that parents responded favorably to programs 92% of the time (Mason, 1974). Many organized religious groups, representing a broad spectrum of views in our communities, have come out in support of the school's role in family life and sex education. The National Council of Churches, the Synagogue Council of America and the U.S. Catholic Conference announced their support of school-based programs in their Interfaith Statement on Sex Education (1968). In 1952, the United Methodist Church endorsed the inclusion of sex education in the schools as a normal part of their curriculum (Minor, et al, 1971). The United Presbyterian Church of the U.S.A. and the Lutheran Church of America have also expressly endorsed the school's role in the provision of family life and sex education (Phillips, 1968; Minor, et al, 1971).

It seems, then, that there are a number of factors which support the need for family life and sex education, and a number of reasons which suggest that provision of family life and sex education in our schools is warranted, even necessary. We have defined the goals of family life and sex education in terms of attitude change and behavior change; and much of our rationale rests upon the assumption that responsible family life and sex education will impact on attitudes and behavior. How reasonable does such an assumption appear to be in light of the unknown effects of family life and sex education?

FAMILY LIFE AND SEX EDUCATION -- DOES IT WORK?

The answer to this question has not yet been clearly and unequivocally established. While consistent and substantial increases in knowledge have been demonstrated, other results have been variable. Some studies have found no measurable impact on attitudes and behavior, while other studies have documented considerable impact as a result of participation in a family life and sex education course. The problem of interpreting many of these studies is exacerbated by a failure on the part of researchers to clearly specify the exact nature of the education. Thus, when one family life and sex education course has significant impact on attitudes and behavior, while another similarly labelled course appears to have no impact, one is inclined to expect that undocumented differences between the content and methodology of the course are responsible for the differential results.

However, the problems which plague research in this area are not purely definitional. Another significant problem is posed by the legal constraints within which researchers must operate when working with teens in secondary schools.[5] These constraints preclude the use of random, unbiased sampling procedures. As a result of the self-selected nature of these samples, one can not know that the same results would be obtained with any other group of students.

Because of these constraints, many researchers have found it easier and more rewarding to limit their research efforts to the college population. Again, this introduces problems for those of us interested in the adolescent and pre-adolescent populations. We cannot be assured that college students, because they are functioning at a different maturational level, respond in a way that high school students would if exposed to the same family life and sex education course. One might further suspect that dissimilar results would be frequently noted when comparing studies using groups of college students to those using groups of secondary students. Such differences in outcomes could easily reflect the different content and methodologies that are appropriate for use with high school students versus college students.

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[5] We realize, however, that these laws are necessary in order to protect teenagers from irresponsible, voyeuristic research in the schools.

One last point: a considerable amount of research has been carried out to discern the underlying motives of contraceptive behavior. The results of this research generally suggest that there are numerous reasons why women fail to use, or misuse, contraception.[6] Yet none of the research intended to document the effects of sex education on contraceptive behavior or on pregnancy rates has ever taken differential motivation into account. It is possible, therefore, that this failure to control for differential motivations may account for the inconsistent results of studies investigating the effects of family life and sex education on reproductive behavior.

While we acknowledge these limitations of the research, the data generated from this body of research are the best available source of information we have regarding the effects of family life and sex education. A critical review of this literature is enlightening, and does allow us to draw some tentative conclusions regarding the impact of family life and sex education on knowledge, attitudes and behaviors.

Effects on Knowledge of Human Sexuality

Research consistently points to substantial increases in knowledge as a result of participation in family life and sex education courses:

-- Warren and St. Pierre found that students indicating the school as their major source of information demonstrated a significantly higher degree of knowledge regarding human sexuality than those students who listed parents or friends.

-- A ZPG survey of 579 teenagers found that teens who had had sex education were significantly more likely to be able to identify a woman's most fertile time in the menstrual cycle (Schline, 1979).

-- Numerous studies conducted on both the high school and college level have documented significant increases in knowledge as a result of participation in family life and sex education courses. Where control groups were used, the increases were significant above and beyond any learning which occurred simultaneously in the control group (Humboldt County, 1978; Bernard, 1973).

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[6] In the most recent contribution to this body of research, Ross (1979) has identified at least three categories of women who fail to use, or misuse, contraception:

-- those who lack adequate information about, or access to, contraception and contraceptive services

-- those who lack the motivation to use contraception, regardless of whether or not it is available

-- those who purposefully seek pregnancy as the most, if not the only, positive option available to them.

Additionally, the reader is referred to Sandberg, 1971; Miller, 1973; and Luker, 1975, for further reading on the underlying causes of contraceptive behavior.

Effects on Values, Attitudes, and Other Emotional Factors

After a review of the literature, we have concluded -- as other researchers previously concluded -- that an adequate sex education is an asset to general psychological adjustment (Barfield and McCary, 1969; McCary and Flake, 1971). Research findings which tend to support this conclusion are;

-- Thornburg (1970,1971) and Malcolm (1971) investigated sources and accuracy of sex information in relation to attitudes regarding sexuality. They independently concluded that there exists a positive correlation between healthy attitudes regarding sexuality and responsible family life and sex education.

-- Wright and McCary (1969) concluded that persons who have received an appropriate sex education are likely to develop better coping skills and are less anxious than persons who have had no sex education. They have also found a strong positive correlation between knowledge of human sexuality and positive feelings regarding human sexuality.

-- Huff (1968) conducted a study with groups of college students designed to assess the impact of family life and sex education on attitudes toward child-rearing. She found that students who had had family life education demonstrated more positive attitudes toward childrearing than those who had not had such education.

-- Steinmann, et al (1975), sought to measure the impact of family life and sex education on the sex role orientation of junior high school students. Using pre- and post-measures, the study found that male students demonstrated a more balanced orientation between intra- and extra-familial concerns after the course, while females and students in the control group evidenced no significant change in their sex role orientations. The observed change for male students in the experimental group was consistent with the teacher's balanced presentation of sex roles. These results closely parallel those reported in another study (Fox, et al, 1971). Steinmann concludes that females' sex role orientations are more resistant to change because of the more rigid socialization females undergo. She suggests that family life and sex education should be offered to females at an earlier age.

-- Olsen (1968) found that student attitudes, as measured by the Pre-Marital Attitude Survey, more closely approximated their professor's attitudes after a semester-long family life and sex education course than before. Their attitudes consistently moved away from unrealistic and dogmatic perceptions of relationships and marriage towards more realistic and less dogmatic perceptions.

-- Sex education courses appear to lessen the emotional impact of exposure to sexually explicit materials. Athanasiou (1970) found that respondents who received their sex education from school courses were less responsive to pornography. A similar desensitization effect was noted in an experimental study with college students. Students having participated in a family life and sex education course were found to have smaller physiological responses to visual and auditory stimuli describing sexual behaviors than those who had not had sex education (Vorgeas, 1973).

Moreover, we found nothing in the literature to substantiate charges by opposition groups that family life and sex education corrupts the morals of youth. Indeed, our findings suggest that an individual's value judgment regarding his or her own sexual behavior is not affected by family life and sex education, although value judgments regarding other persons' behaviors may be affected. Lauterback (1970) and Iverson (1974) investigated the effects of family life and sex education on attitudes regarding premarital sexual behavior.[7] They found that:

-- attitudes are generally influenced in a more permissive direction (permissive being defined as a willingness to accept the right of individuals to determine their own standards of conduct), and

-- attitudes regarding the acceptability of given behaviors for oneself are generally not affected.

Effects on Behavior

The literature suggests family life and sex education has the potential to substantially reduce the incidence of irresponsible sexual and reproductive behavior, as well as make a positive contribution to the preparation of individuals to lead productive lives. Research findings which tend to support these conclusions include:

-- Sexually active college students are more likely to visit a birth control clinic and use birth control after participation in a semester-long family life and sex education course than before taking such a course (Humboldt County, 1978).

-- Family life and sex education courses in which specific sex information is presented have resulted in reducing the divorce rate for males and the illegitimate pregnancy rate for females (Quality Educational Development, Inc., 1970).

-- A study conducted under the auspices of the Yale University Hospital found that pregnant teenage women who received instruction in reproductive anatomy and physiology and birth control were significantly less likely to have a repeat pregnancy than those pregnant teenagers receiving no instruction. In fact, only 7% of the females receiving education had a repeat pregnancy within the first year, as compared to 51% of the control group. Groups were matched on key demographic variables and were of equal size (Braestreep, 1974).

-- The Danish teenage out-of-wedlock birth rate was markedly reduced in the three years following the introduction of mandatory, comprehensive sex education in the schools (Braestreep, 1974).

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[7] Lauterback's population consisted of high school-aged students, while Iverson's group was composed of college students.

-- Several studies have successfully documented decreases in the rate of VD as an apparent result of education. Levine (1970) reports that in a school district where family life and sex education was introduced into some but not all of its schools, dramatically reduced rates were observed during the first year in the schools offering education, while the rates in neighboring schools continued to climb. The following year, programs were implemented in the remainder of the district's schools with a resultant decline in the VD rate of 50% during the first program year. Similar results were documented in Los Angeles County where the provision of VD education resulted in a reduction of the syphilis rate over a four year period by 84%. In a neighboring county where no education was being provided, the rate rose simultaneously by 60% (Lugar, 1973).

Finally, the literature does not substantiate charges made by the opposition that the provision of family life and sex education will incite sexual experimentation. Teenagers themselves maintain that possession of adequate and accurate sex information would reduce experimentation (Byler, 1969). Moreover, several research efforts have uncovered insignificant relationships between exposure to family life and sex education and frequency of sexual activity (Bernard, 1973; Weichmann and Ellis, 1969), while other studies point to a decline in premarital sexual activity (Deschin, 1963; Lewis, 1970). Only one study noted a tendency towards more sexual activity as an apparent result of family life and sex education (Humboldt County, 1978).

Two observations may be relevant to the understanding of these conflicting results. First, in both cases where declines in the amount of sexual activity were observed, the study populations were high school-aged teenagers, while in the latter instance where an increase was noted, the study population consisted of college students. Based on this limited data we are unable to draw firm conclusions, but it is possible that further research will confirm that family life and sex education does impact differentially on high school students and college students.

Secondly, in the two studies where declines in the frequency of sexual activity were noted, references were made to the provision of family life and sex education in a situation where "positive identification" existed between teacher and student. In the Humboldt County study no such reference was made and, in fact, the class was conducted as a large lecture followed by small group discussions. The type of identification which might exist between professor and student in a large lecture class is unknown, but it is clear that the type of rapport and relationship which could be established in more intimate learning situations could not possibly be established in a lecture hall. We are inclined to think that the teacher/student relationship may be especially important in determining the outcomes of family life and sex education; although, again, further study may or may not bear out this assumption.

Furthermore, research has uncovered an insignificant relationship between the provision of birth control information and increased promiscuity. Reiss (1967, 1970) maintains that "youth values and the influence of family and religion are the most important factors determining the extent of premarital intercourse. Birth control information has played a relatively minor role in influencing premarital sexual behavior."

In summation:

-- A compelling need for family life and sex education exists in our society today, possibly as it has at no time prior;

-- The schools, along with the family and the church, have a responsibility and a potentially rich opportunity to address the needs of our youth; and

-- Family life and sex education has been shown to be a valid and potentially effective tool for responding to these very real needs.

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PARENT SUPPORT AND INVOLVEMENT

Every recent study has shown parents to be overwhelmingly supportive of family life and sex education within the schools. It is extremely important that they be involved at some level in the planning and design of family life education curriculum. This curriculum guide was derived in part from the recommendations of a parents'advisory group. A cross-section of Santa Cruz County parents representing varying attitudes and opinions met to discuss, review, evaluate and finally write recommendations for family life education. A teachers' advisory committee later met to turn those recommendations into a Family Life Education Curriculum Framework. That framework was then reviewed by over a hundred doctors, clergy, counselors, and other community representatives. The finalized framework was then used in the development of this teacher's curriculum guide.

Because community standards differ, it is important that the programs presented in these pages be approved by some type of advisory group representing local parents and the community. In those communities where there has been resistance to family life and sex education programs, the resistance has come not from opposition to the concept of sex education, but from the lack of parent and community involvement. Parents want to know what is being taught, how it is going to be taught and who is going to teach it. If they can be involved in the planning process and if they can clearly understand and trust the intentions of the program, the risk of problems later on will be greatly decreased.

The California education code has two specific areas that relate to the involvement of parents in family life education (See Appendix D for a more detailed description of the California Education Code sections related to family life). Section No. 51550 requires that the school notify parents in writing if content related to family life or sex education is going to discussed in the classroom. We have included a sample letter in the appendices (Appendix F). Though California law only requires notification (and the option for the parent to remove his/her child from the program) some schools have required written permission from parents before a student may be allowed to participate in the program.

Part of Section No. 51550 also requires that parents be given the opportunity to preview any written or audio-visual materials used in a family life or sex education course. Because this may be one of the few chances a teacher will have to meet with parents, it is important to carefully plan the preview. We are including some suggestions.

Parent Preview Presentations

Parent preview presentations should be scheduled about two weeks in advance of the program. A convenient time for parents seems to be mid-week, in the early part of the evening. Oftentimes, particularly at the high school level, attendance at such a meeting will be very low. Because we feel, however, that it is important to get parents involved, we suggest attempting to attract parents by sending out a visually pleasing invitation,

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with an agenda that looks interesting. (Appendix G is a sample Parent Review Night invitation.) The one-line statement in the parent's notification form does not do much to entice parents to give up an evening. (Recognizing, however, that it may still be possible that no parents will be interested in reviewing the materials, the teacher can often save time and trouble by requesting that parents phone in their intention to attend.) If there are a large number of parents planning to attend, it would probably be a good idea to have another representative of the school on hand to help greet parents and answer their questions. Preferably this would be the principal, school nurse, or counselor.

The parents are going to have a number of concerns. Some of the more common ones include:

the teacher's qualifications;

the teacher's attitudes regarding parents and parental authority;

the teacher's approach to values and morals particularly in the areas of homosexuality, masturbation, birth control and abortion;

and the generalized concern that the class will put ideas into their son/daughter's head.

The teacher and any other school representatives should be clear with each other about these issues and consistent in presenting the school's position. If community parents have been involved in the planning, and if the school's position is consistent with the parents' position, there should be little problem. Most parents come to the preview sessions in need of an opportunity to voice their worries and get some reassurances. How the teacher deals with them will reflect how he/she deals with their children. It is just as important at the parent night to listen with respect and openness as it is in the classroom. We suggest actually having the parents participate in one of the simpler, non-threatening exercises. It might also be valuable to have parents participate in a values clarification exercise, since many parents don't understand and have a misconception as to the purpose of values clarification. Everyone enjoys films, including parents. Often they find themselves pleased with having learned new information for themselves. Many, if not most adults, never received much in the way of family life and sex education when they were young.

It is important [illegible] remember that a teacher can't always please everyone. Occasionally there will be a parent who wants one particular set of values stressed in the classroom, and no matter how patiently the teacher tries to explain the importance of supporting the home values of every student, this parent will insist on the teacher taking a particular position. When all else fails, the teacher should tactfully remind the parent that the program is optional and that an alternative assignment will be available for those students who will be unable or unwilling to take the class. Be sure an alternative assignment has been planned out ahead of time, and make sure that it is meaningful.

There may be a parent who wishes to observe the class. Different schools will have different policies concerning parents in the classroom. This should not be discouraged, as just knowing that it's o.k. is often enough to ease a parent's mind. However, the teacher should suggest that the parent observe in a class other than the one their son or daughter attends if they feel this would make their child uncomfortable. For most teens, especially the older ones, this is most often the case.

Something we have found useful, both for parent preview evenings as well as for those parents who are interested but unable to attend, is to prepare in advance a special parent's packet. The teacher may want to include the goals and objectives of the course, excerpts from the rationale which document the need for family life and sex education programs, an outline and overview of the course, and copies of all hand-outs (pre/post test, evaluations, etc.). These can be distributed at the parent preview, and extra copies can be on hand in the school office for parents who develop concerns either before or after the course. As with all materials used in the program, be extremely careful that whatever the teacher includes in the packet will not cause serious controversy if taken out of context.

The teacher should urge parents to talk to their children about the program while it is taking place. It should be made clear to parents that the teacher would be willing to meet with them should they have a concern about any part of the course. A simple misunderstanding which is not cleared up promptly can escalate considerably overnight.

Family life and sex education, despite its widespread support, will probably always remain controversial. A school or district should have a clear policy on handling problems from parents or the community. If parents were involved in the planning of a course, it would be extremely appropriate for them to be included in seeing that that support is maintained.

GENERAL OBJECTIVES
JUNIOR HIGH PROGRAM

SESSION I: INTRODUCTION

The students will:

- Understand the goals and expectations related to this unit of family life education
- Assess their level of information and knowledge concerning family life topics
- Increase awareness of the effects of interpersonal interaction on self-esteem

SESSION II: INTRODUCTION TO SELF-ESTEEM

The students will:

- Gain increased self-awareness
- Become more aware of how "put-down" behavior affects the self-concept of themselves and others
- Understand the importance of an accurate and acceptable self-image

SESSION III: LISTENING AND COMMUNICATION

The students will:

- Increase their ability to hear and accept different points of view
- Increase their skills in the areas of listening and communication
- Share feelings about being members of families
- Practice looking at advantages and disadvantages of various situations

SESSION IV: SEX ROLES

The students will:

- Understand the difference between gender and sex role

- Examine how their lives are affected by gender, sex roles and sex stereotyping

SESSION V: ADOLESCENT GROWTH AND DEVELOPMENT

The students will:

- Review information about changes that occur during puberty
- Acquire a basic understanding of the male and female reproductive systems

SESSION VI: PREGNANCY AND BIRTH

The students will:

- Understand fetal growth and development
- Understand the process of childbirth

SESSION VII: DECISION-MAKING

The students will:

- Become aware of the factors that influence their decision-making
- Increase their skills in examining alternatives and consequences in a given situation

SESSION VIII: BIRTH CONTROL AND PARENTING

The students will:

- Explore what it means to be ready to become a parent
- Understand the concept of birth control and reasons why people use it
- Become aware of community resources and laws related to family planning

SESSION IX: PREGNANCY ALTERNATIVES AND VENEREAL DISEASE

The students will:

- Acquire basic information concerning adoption, abortion, and teen parenting

- Acquire basic knowledge concerning the transmission, symptoms, effects, prevention, and treatment of VD

- Increase their knowledge about available community resources and laws concerning teenage pregnancy and VD

SESSION X: REVIEW AND EVALUATION

The students will:

- Examine and review what they have learned during the family life education unit

- Have an opportunity to clarify any remaining questions

- Evaluate the unit and provide feedback to the instructor

- Enhance their feelings of positive self-esteem

INTRODUCTION

SESSION I
JUNIOR HIGH

SESSION I: INTRODUCTION
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Understand the goals and expectations related to this unit of family life education
- Assess their level of information and knowledge concerning family life topics
- Increase awareness of the effects of interpersonal interaction on self-esteem

INTRODUCTION AND APPROACH

The first few days of any program of family life education are critical in establishing an open, non-threatening learning environment. Students will be coming into the unit with varying expectations, varying amounts of experience and at various levels of maturity. Some students will feel that they know it all, others may have many questions but feel embarrassed about their ignorance, while a few may be completely uninterested. Most students, however, will be curious, and enthusiastic. They need only the permission of an open, accepting atmosphere to begin their onslaught of questions and comments.

This first session is designed to clarify expectations, establish basic ground rules, and generally set up an aura of trust and respect. By setting ground rules in the beginning, modeling adherence to those rules, and reminding students of the rules when appropriate and necessary, students will be supported in being responsible participants in the program.

We have included a "pre-test" in our introductory session for both educational and practical/evaluative purposes. A pre-test (some prefer to call it a questionnaire or knowledge inventory in order to make it less threatening) can help stimulate students' interest in the material to be covered. It helps them clarify what they do not know and allows them to "buy into" the factual material that will be covered. However, it should be made clear to the students that this is a pre-test that focuses only on the factual information covered in the program. Much of the course will also cover attitudes and feelings as they relate to the students themselves, their bodies and their relationships with family and friends. It is important to emphasize these "non-factual" aspects of the program while presenting the "factual" pre-test in order to create a proper balance and prevent an overemphasis on the informational content. If more time is available, a teacher might want to develop an informal questionnaire that asks more open-ended questions related to self-esteem, decision-making and some of the relationship-oriented parts of the course. Be sure, however, to clearly understand the education code restrictions on written questionnaires (See Appendix D: Legal Status of Family Life and Related Education in California).

In the interest of insuring a non-threatening environment, the pre-test should be anonymous and graded only for the class as a whole. Reassure them that they are not expected to know all the answers and they should not be discouraged if they find the test difficult. Reactions to the test will range from a frustrated lack of understanding of concepts and vocabulary to an uproar of giggles over seeing "those words" on a classroom test paper. The teacher's initial response to student reactions will be crucial in setting a serious yet comfortable tone for the program.

The pre/post test can also be a valuable tool for documenting the cognitive learning of the students. We have found that both parents and administrators tend to be reassured when they have evidence that students are gaining basic factual knowledge.

The first exercises chosen for the program should be relatively non-threatening. They should allow the students to ease into the program and come away with optimism and enthusiasm for future sessions. Because we place a major emphasis on enhancing self-esteem, we have chosen IALAC as one of our introductory day exercises. It sets the stage to increase students' awareness of how our words and actions can influence one another's self-esteem. With more time, we would strongly urge including more and varied activities to "break the ice" and build trust. We have included a few optional exercises. Other books and curriculum guides listed in the bibliography at the back include many more.

We include Anonymous Questions as a first day exercise because it provides a concrete way of showing students that their teacher is open to their concerns and respects their feelings and opinions. By beginning the program by allowing them to ask any questions and make any kinds of comments, the teacher makes a statement of acceptance and reassures the students that he/she will be respectful of their needs.

INTRODUCTION

SAMPLE LESSON PLAN

I. PROGRAM OVERVIEW AND GROUND RULES

Purpose: To explain the unit, clarify expectations, and help set climate,

Process: Introductory mini-lecture and discussion

Materials: Blackboard or newsprint with marker

Description: See page 35

50
10
40
20
30

5-10 minutes

II. PRE-TEST

Purpose: To allow students and their teacher an opportunity to assess their level of information and knowledge concerning family life education. To stimulate their interest in learning more.

Process: Individual tests

Materials: Pre-tests, extra pencils

Description: See page 37

20 minutes

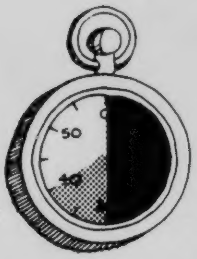
III. IALAC

Purpose: To increase awareness of how interactions between individuals affect self-esteem.

Process: Story-telling, discussion, and "homework" assignment

Materials: IALAC story, cards or paper for class members

Description: See page 47



10 minutes

SAMPLE LESSON PLAN
(continued)

IV. ANONYMOUS QUESTIONS

Purpose:	To provide students with a non-threatening way to express their concerns about the course and ask any pressing questions they may have.
Process:	Anonymously written questions/comments read aloud by teacher and discussed by class
Materials:	Small slips of paper, extra pencils, and a container
Description:	See page 49

5-15 minutes

PROGRAM OVERVIEW AND GROUND RULES

Purpose:

Students will be coming into this unit with varying expectations, varying amounts of curiosity and/or embarrassment, and at various knowledge levels. It is important at the beginning to explain the unit, clarify expectations, and begin to set the climate.

Time Required: 5 minutes

Materials: Blackboard or newsprint with marker

Procedure:

1. Present an overview of the course topics. (It can be helpful to write the list of sessions on the board.)

    I. Introduction

    II. Introduction to Self-Esteem

    III. Listening and Communication

    IV. Sex Roles

    V. Adolescent Growth and Development

    VI. Pregnancy and Birth

    VII. Decision-Making

    VIII. Birth Control and Parenting

    IX. Pregnancy Alternatives and VD

    X. Review and Evaluation

2. Talk about the rationale for the course -- how family life and sex education can be helpful; how it's important to have clear, accurate information; how it is important to look at issues and clarify feelings before making decisions about our sexuality and our relationships.

3. Clarify the expectations and ground rules that are in effect during this unit:

    - Students have the option to take an alternative assignment if they do not wish to participate in the family life education unit.

    - Students are free to say anything or ask any questions. They also have a right to "pass" and not say anything or answer any questions.

- Students will participate in class discussions with sensitivity and respect for differing points of view.

- Students will not quote each other outside of class.

- Students are encouraged to share their class activities with parents.

Suggestions:

Both as an example of the types of exercises the students will be experiencing and as a simple, fun way of clarifying the ground rules, you might want to ask students to participate in a quick values voting exercise. The technique is quite simple. Reading aloud a list of controversial statements, (Nuclear power plants should be banned; large families are better than small families; etc.) the teacher asks the students to respond by raising their hands if they agree, waving and shaking it if they strongly agree, placing thumbs down if they disagree, vigorously moving it if they strongly disagree, and by sitting with arms crossed if they are undecided. (It is important to start out with non-threatening questions.)

As you explain the exercise, reiterate clearly the ground rules for the program. By presenting such an exercise early in the course, you set the stage for more open sharing while simultaneously reducing anxiety and clarifying expectations.

THE PRE-TEST

Purpose:

There are a number of reasons for using a pre-test. It is a way for the teacher to assess the information level of the students and adjust the program accordingly. When used in conjunction with a post-test, it allows some evaluative measure of the cognitive learning of the students. More importantly, the pre-tests allow students to discover what they do and don't know, clarifying for them that the class will offer new information and motivating them to want to learn more.

Time Required: 20 minutes

Materials: Pre-tests and extra pencils

Procedure:

1. The teacher should introduce the pre-test by explaining that it will be anonymous, that there will not be individual grades, and that the test will only be corrected in order to come up with a class average. The teacher should tell them that this test can be a way for them to find out what they know and don't know. It should probably be mentioned that the students shouldn't worry if they don't know a lot of the answers - most students don't at the beginning of the course.

2. Pass out the tests - make sure everyone has a pencil.

3. Read over the instructions to the class. Remind them to check off male or female. (The class is always interested in finding out which sex did better on the test.)

4. Explain that if they don't know the answer, or if they're mostly not sure, they should not guess, but circle DK. (Meaning Don't Know)

5. Give them about 15-20 minutes to finish the test.

Evaluation of Tests:

After class, correct tests. (A simple answer key is on page 43. An expanded answer key with detailed explanations can be found in the Review/Evaluation, Session X, page 156.) Compile the scores for the class as a whole. If there appear to be areas where students seem to score really well or really poorly, the teacher may want to adjust the curriculum accordingly. Save the test scores for comparison with post-test scores at end of unit.

If possible, report test scores to students during the next class. Compare the male and female score results for them. Point out where they seem to have done well and also point out where they seem to need the most improvement.

General Comments:

The pre-test is designed to be used without being graded. This 10-session program is presented for the students' personal benefit, and although much formal information is presented, the real value is in the personal experience of exploring self, gaining enhanced self-esteem, and practicing communication, listening, and decision-making skills. If the students are concerned about scoring well on the post-test, they may be frantically taking notes instead of exploring what is important to them personally.

Sex: ___ male
___ female

FAMILY LIFE EDUCATION
JUNIOR HIGH SCHOOL PRE/POST TEST

SECTION I: MATCHING VOCABULARY WORDS

For the following four questions, answer by writing the letter for the correct word in the space next to the description. If you don't know the answer, write the letters "DK" (which means don't know) in the space next to the description.

1. ________ occurs when an egg ripens and leaves the ovary.
2. ________ occurs when a sperm joins with an egg.
3. ________ is the place where sperm are made.
4. ________ is the place where a fertilized egg implants to grow.

A. vagina
B. conception or fertilization
C. uterus
D. ovulation
E. testicles
F. menstruation
DK= Don't Know

SECTION II: TRUE/FALSE STATEMENTS

In this section, circle the answer to the left of the statement:

If you think the statement is true: circle the T

If you think the statement is false: circle the F

If you don't know the answer: circle the DK

5. T F DK Hormones are the chemical messengers in the body which cause physical, emotional, and sexual development during adolescence.

6. T F DK The way we treat other people affects their self-esteem (how they feel about themselves).

7. T F DK Treatment for gonorrhea and syphilis is simple and very effective.

8. T F DK A person must be 18 to get treatment for VD without his/her parents' consent.

9. T F DK Teen marriages usually last as long as marriages between older persons.

10. T F DK Abortion is a legal way of ending a pregnancy.

11. T F DK Teenage girls have a very low risk of miscarriage and birth defects in their babies when compared to women in other age groups.

12. T F DK A pregnant teenager (under the age of 18) must have her parents' consent to get an abortion or put her child up for adoption.

13. T F DK If a woman decides to put her child up for adoption, she has no control over what kind of family will adopt her baby.

14. T F DK Most birth defects occur during the last few months of pregnancy.

15. T F DK Smoking and drinking during pregnancy increases the risk of birth defects and other problems for the child.

16. T F DK Abstinence (not having sexual intercourse) is the only method of birth control which is 100% effective and has no medical side effects.

17. T F DK The I.U.D., the "pill," and the diaphragm are all methods of birth control which a person must get through a doctor or clinic.

18. T F DK Foam (or Encare Ovals) and condoms (rubbers) used together are the only safe and effective method of birth control a person can buy in a drugstore without a prescription.

19. T F DK A person must be 18 to get birth control without his/her parents' permission.

20. T F DK A person's values and goals should be considered when making decisions.

SECTION III: MULTIPLE CHOICE

For each of the following questions, circle the letter of the most correct answer. If you don't know the answer, circle the letter next to "I don't know."

21. Urine pregnancy tests:

    a. are provided by most doctors and clinics at a very low cost.

    b. can be gotten by a teen (under 18) without her parents' permission.

    c. require that the woman's period be two weeks late to work well.

    d. all of the above.

    e. I don't know.

22. A girl is most likely to get pregnant if she has sexual intercourse:

    a. right after her period.

    b. right before her period.

    c. in the middle of her cycle.

    d. I don't know.

23. Sex roles are:

   a. behaviors which a society feels are o.k. for males and females.

   b. often different from country to country.

   c. mostly controlled by our biology.

   d. both "a" and "b".

   e. I don't know.

24. Men are not supposed to be weak and cry. This is an example of:

   a. gender conflict.

   b. sex role stereotyping.

   c. a fact of life

   d. I don't know.

25. Venereal diseases are:

   a. usually caught by having sexual intercourse with another person who has VD.

   b. sometimes caught by contact with dirty toilets, drinking fountains, and swimming pools.

   c. both of the above.

   d. I don't know.

26. An effective way to prevent venereal disease is:

   a. using the birth control pill.

   b. using a condom (rubber).

   c. abstinence (not having sexual intercourse).

   d. both "b" and "c".

   e. I don't know.

SECTION IV: SHORT ANSWER

27. List 2 things which make it difficult to listen to and remember what another person says:

   ____

   ____

28. List 3 questions a young couple should ask themselves if they are thinking about having a baby:

29. Give an example of a "killer" statement (or a put-down) and explain how this kind of statement affects the person receiving it:

30. The guys that Jim hangs out with are really getting into after-school team sports. Sports are not Jim's main interest and he seems to be having less and less to talk about with his friends. What alternatives does Jim have? (list 3)

THE END!

Key: ___ male
___ female

SIMPLE ANSWER KEY

JUNIOR HIGH SCHOOL PRE/POST TEST

SECTION I: MATCHING VOCABULARY WORDS

For the following four questions, answer by writing the letter for the correct word in the space next to the description. If you don't know the answer, write the letters "DK" (which means don't know) in the space next to the description.

1. D occurs when an egg ripens and leaves the ovary.
2. B occurs when a sperm joins with an egg.
3. E is the place where sperm are made.
4. C is the place where a fertilized egg implants to grow.

A. vagina
B. conception or fertilization
C. uterus
D. ovulation
E. testicles
F. menstruation
DK= Don't Know

SECTION II: TRUE/FALSE STATEMENT

In this section, circle the answer to the left of the statement:

If you think the statement is true: circle the T
If you think the statement is false: circle the F
If you don't know the answer: circle the DK

5. [✓ T] F DK Hormones are the chemical messengers in the body which cause physical, emotional, and sexual development during adolescence.

6. [✓ T] F DK The way we treat other people affects their self-esteem (how they feel about themselves).

7. [✓ T] F DK Treatment for gonorrhea and syphilis is simple and very effective.

8. T [✓ F] DK A person must be 18 to get treatment for VD without his/her parents' consent.

9. T [✓ F] DK Teen marriages usually last as long as marriages between older persons.

10. [✓ T] F DK Abortion is a legal way of ending a pregnancy.

11. T [✓ F] DK Teenage girls have a very low risk of miscarriage and birth defects in their babies when compared to women in other age groups.

12. T [✓ F] DK A pregnant teenager (under the age of 18) must have her parents' consent to get an abortion or put her child up for adoption.

13. T [✓ F] DK If a woman decides to put her child up for adoption, she has no control over what kind of family will adopt her baby.

14. T [✓ F] DK Most birth defects occur during the last few months of pregnancy.

15. [✓ T] F DK Smoking and drinking during pregnancy increases the risk of birth defects and other problems for the child.

16. [✓ T] F DK Abstinence (not having sexual intercourse) is the only method of birth control which is 100% effective and has no medical side effects.

17. [✓ T] F DK The I.U.D., the "pill," and the diaphragm are all methods of birth control which a person must get through a doctor or clinic.

18. [✓ T] F DK Foam (or Encare Ovals) and condoms (rubbers) used together are the only safe and effective method of birth control a person can buy in a drugstore without a prescription.

19. T [✓ F] DK A person must be 18 to get birth control without his/her parents' permission.

20. [✓ T] F DK A person's values and goals should be considered when making decisions.

SECTION III: MULTIPLE CHOICE

For each of the following questions, circle the letter of the most correct answer. If you don't know the answer, circle the letter next to "I don't know."

21. Urine pregnancy tests:

a. are provided by most doctors and clinics at a very low cost.

b. can be gotten by a teen (under 18) without her parents' permission.

c. require that the woman's period be two weeks late to work well.

[✓ d.] all of the above.

e. I don't know.

22. A girl is most likely to get pregnant if she has sexual intercourse:

a. right after her period.

b. right before her period.

[✓ c.] in the middle of her cycle.

d. I don't know.

23. Sex roles are:

a. behaviors which a society feels are o.k. for males and females.

b. often different from country to country.

c. mostly controlled by our biology.

[✓ d.] both "a" and "b".

e. I don't know.

24. Men are not supposed to be weak and cry. This is an example of:

a. gender conflict.

[✓ b.] sex role stereotyping.

c. a fact of life.

d. I don't know.

25. Venereal diseases are:

[✓ a.] usually caught by having sexual intercourse with another person who has VD.

b. sometimes caught by contact with dirty toilets, drinking fountains, and swimming pools.

c. both of the above.

d. I don't know.

26. An effective way to prevent venereal disease is:

a. using the birth control pill.

b. using a condom (rubber).

c. abstinence (not having sexual intercourse).

[✓ d.] both "b" and "c".

e. I don't know.

SECTION IV: SHORT ANSWER (SAMPLE RESPONSES)

27. List 2 things which make it difficult to listen to and remember what another person says:

Thinking about our own story

Not paying attention

28. List 3 questions a young couple should ask themselves if they are thinking about having a baby:

Can we afford it?

Do we like children?

Do we want to share our life with a child?

29. Give an example of a "killer" statement (or a put-down) and explain how this kind of statement affects the person receiving it:

"You're the dumbest person I ever met!"

Makes the person feel bad.

30. The guys that Jim hangs out with are really getting into after-school team sports. But sports are not Jim's main interest and he seems to be having less and less to talk about with his friends. What alternatives does Jim have? (list 3)

Find new friends

Try to get his friends interested in what he likes

Try to find some team sports he really likes

THE END!

IALAC STORY (PART I)

Purpose:

The purpose of this activity is to introduce the concept of self-esteem and to increase awareness of how interpersonal interactions can influence self-esteem. This activity is particularly useful in discouraging put-downs and enhancing a self-esteem building environment in the classroom.

Time Required: 10 minutes

Materials: IALAC Story, 3 x 5 cards for each student

Procedure: *

1. Take a sheet of paper and write the letters IALAC (pronounced I-ah-lack) on it in large bold print. Holding this to your chest so that the students can see it, tell them, "Everyone carries an invisible IALAC sign around with them at all times and wherever they go. IALAC stands for 'I am lovable and capable.' Our self-concept, or how we feel about ourselves - is often affected by how others interact with us. If somebody is nasty to us, teases us, puts us down, rejects us, hits us, etc., then a piece of our IALAC sign is destroyed. (Illustrate this by tearing a corner piece off the sign.) I am going to tell you a story to illustrate how this happens in everyday life." Then proceed to tell the students about a boy or girl who is the same age they are. Pick a name that no one in the class has. As you tell the story, try to be as emotional and dramatic as you can without burlesquing it too much. An outline is provided below. You will have to fill it in with your own imagination. Some teachers we know have the children help create the story as they go along. As you describe each event that negatively affects the student's IALAC sign, tear another piece of the sign off until at the end you are left with almost nothing.

   A possible outline for the IALAC story is as follows. Feel free to adapt, add to, change, and embellish it in any way you want:

   > A seventh-grade boy named Michael is still lying in bed three minutes after his alarm goes off. All of a sudden his mother calls to him, "Michael, you lazy-head, get your body out of bed and get down here before I send your father up there!" (rip!) Michael gets out of bed, goes to get dressed, and can't find a clean pair of socks. His mother tells him he'll have to wear yesterday's pair. (rip!) He goes to brush his teeth and his older sister, who's already locked herself in the bathroom, tells him to drop dead! (rip!) He goes to breakfast to find soggy cereal waiting for him. (rip!) As he leaves for school, he forgets his lunch and his mother calls to him, "Michael you've forgotten your lunch; you'd forget your head if it weren't attached!" (rip!)

---

* For information about current Values Clarification materials and a schedule of nation-wide training workshops, contact Sidney B. Simon, Box 846, 23 Montague Rd., Leverett, MA 01054

As he gets to the corner he sees the school bus pull away and so he has to walk to school. (rip!) He's late to school and has to get a pass from the principal who gives him a lecture. (rip!)

Continue the story through the school day with appropriate examples. Some possibilities are:

Forgetting his homework
Getting a 68 on a spelling test
Being called on for the only homework question he can't answer
Making a mistake in reading so that all the kids laugh
Being picked last to play ball at recess
Dropping his tray in the lunchroom with everybody applauding
Being picked on by bullies on the way home from school
Being referred to as "Hey you!" in gym class

You can think of other examples or get the students to help you.

When Michael gets home from school some typical negative events might include not being able to watch the baseball game because his mother is watching her favorite soap opera or because he has not yet finished his homework, or being told to wash the dishes for the third night in a row because his older brother has band practice, etc.

End the story by showing Michael going to bed with an IALAC sign about as big as a quarter!

2. Pass out 3 x 5 cards or paper to each student.

3. Have students write the letters IALAC on their cards.

4. For a homework assignment, ask students to carry their IALAC cards everywhere they go for the next 24 hours, tearing off a piece of the card whenever they receive a put-down; the more negative the put-down, the larger the piece they tear off.

5. Tell students it's very important that they do the assignment because it will be an important part of the class discussion on the following day.

ANONYMOUS QUESTIONS

Purpose:

Often students have questions about sexuality that they are either too afraid or too embarrassed to ask. They may be concerned that the other students or teacher may think they are stupid, or that it may become obvious that they have had more (or less) sexual experience than they want others to know about. The anonymous questions technique provides students with a non-threatening way to ask questions and express feelings. It also can be extremely important in establishing the rapport and trust which is a vital part of the classroom environment for family life education. By being open to answering students' questions, by being willing to admit when s/he doesn't know an answer (but committed to finding out), and by being knowledgeable and credible when s/he does know, the teacher models the type of behavior that can make for a succesful class.

At various times throughout this program we have included Anonymous Questions as part of the sample lesson plan. Most of the students' questions will generally focus on the content of the individual day's lesson plan, though the teacher should make it clear that the students may ask questions about any of the topic areas.

The purpose of anonymous questions during this first Introduction session is to set up an atmosphere of acceptance and to make a clear statement that the teacher will respect the students' needs and concerns.

Time Required: 5-15 minutes

Materials: Slips of paper, extra pencils, a container

Procedure:

1. Pass out slips of paper to everyone in class.

2. Ask the students to write down any questions, comments or feelings they may have. The teacher should make it clear that they are welcome to ask anything they want (except personal questions directed at the teacher), and that there is no such thing as a dumb question.

3. In order to prevent those with pressing questions from feeling uncomfortable, strongly encourage all students to write something on their slip of paper. Most everyone will come up with something if you give them enough time.

4. Collect the papers. (It is helpful to pass an open container to insure confidentiality.)

5. If time permits, read through questions before beginning to answer - both to sort out duplicates and to avoid being caught by surprise.

6. The teacher has the option to read questions/comments or to paraphrase - just make sure the student's meaning doesn't get lost in the translation.

7. If you don't know the answer to a question, tell them that you will find out and get back to them.

8. If you feel uncomfortable with a question, be honest about it and say so. Students will respect that. You may want to refer "advanced" questions or personal questions to another source (i.e., a doctor, Planned Parenthood, a book in the library, etc.).

Note for the Introductory Session:

At the first session of the unit, since you are trying to elicit comments about the course and/or previous sex education experiences, state that the students can write any of the following:

1. Questions about any of the topics to be covered in the course.
2. Questions about anything from the pre-test.
3. Comments on the topics that they want the teacher to be sure to cover.
4. Comments about sex education they have had in the past (i.e., What they liked/didn't like).
5. Comments about their first impressions of the unit and any suggestions for improvement.

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GETTING TO KNOW YOU . . . (OPTIONAL)

Purpose:

Oftentimes, people work together, go to school together, actually spend a great deal of time together without really getting to know one another. This non-threatening ice-breaker provides for a structure in which the students can begin to get to know one another on a slightly more intimate level. The exercise allows all classroom members to participate and helps to build a bit of group cohesiveness and camaraderie.

If people know a little about each other, know to some extent (a little of) what to expect from each other, and become familiar with the personal experiences out of which people speak and act, they may feel more trust in the group and be more ready to speak on an intimate, personal level.

Time Required: 15-30 minutes (depending on size of class)

Materials: Blackboard or newsprint with marker

Procedure:

1. Introduce the exercise by explaining how, even though we may go to school together and be in the same classes all day, we often don't get to know one another very well. This exercise will help us all get to know each other a little better.

2. Have the class members break into groups of two, preferably with someone they don't know very well.

3. Tell the groups that they are to spend 4-5 minutes finding out about each other, using the following questions as a guideline. They will later be asked to introduce one another to the group.

4. Write on the blackboard or on a sheet of newsprint the following questions (or similar ones; you might want to ask the class to help you make up the questions):

    1. Name (including middle name)?
    2. Place and date of birth?
    3. Favorite activity?
    4. What they like most about themselves?

    (In a classroom with a good rapport already established you might want to ask slightly more intimate questions such as, "What do you wish you could change about yourself?", or What is your biggest worry?")

5. After they've spent 4-5 minutes sharing their answers, have them return to the large group and introduce each other. If the class is large, you may want to have them introduce each other within small groups to save time.

TALKING ABOUT SEX (OPTIONAL)

Purpose:

It is not always easy to talk about sex in a group, and this exercise is designed to look at the reasons why that is so. By sharing mutual concerns, students may open up and become more trusting of one another. This is a good, basic warm-up teaching strategy.

Time Required: 20-30 minutes

Materials: Newsprint and marker

Procedure:

1. The class should be broken up into groups of six. Each group should be given butcher paper and a felt pen.

2. Explain that you want to do an exercise to look at all the possible reasons that might make group discussion about sex difficult. Tell the groups that you want them to brainstorm (see description of Brainstorming on page 135), discuss, and make a list of all the things which stop people from talking about sex either in a classroom or with their parents. Tell them to put a star by those reasons which seem to be most important.

3. After 5-10 minutes have each group post and read their lists. Have them compare each other's lists and comment upon the similarities.

4. As a large group, discuss such issues as:

   Would it be easier to talk in a group that is all girls or all guys? Why?

   Would it be easier to talk if everybody in the group were about the same age? Why?

   See if they can come up with a consensus on what the main reason is that makes talking about sex difficult.

   Talk about obstacles that prevent teenagers from talking to their parents about sex.

   Why might it be hard for boyfriends to talk to their girlfriends? Or wives to their husbands?

   Who are more open to talking about sex, guys or girls?

   What kinds of things could the class and teacher do to make discussion more open? (Note: This gives the students the chance to buy into the success of the class.)

Sex Education: Teachers' Guide and Resource Manual, Planned Parenthood of Santa Cruz County, 1977.

INTRODUCTION TO SELF-ESTEEM

SESSION II
JUNIOR HIGH

SESSION II: INTRODUCTION TO SELF-ESTEEM
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Gain increased self-awareness
- Become more aware of how "put-down" behavior affects the self-concept of themselves and others
- Understand the importance of an accurate and acceptable self-image

INTRODUCTION AND APPROACH

Students who have high self-esteem are more likely to be good decision makers; they will be better able to make decisions that reflect their values; and they will not be as unduly affected by peer pressures as those students lacking in self-esteem. The focus of this junior high program, and the focus of this class session in particular, is to positively affect the self-concepts and self-worth of the students.

Adolescence is a high stress time for many young people. There is confusion and anxiety about the physical and emotional changes that are leading them to adulthood. Junior high students have a lot of concern about their body image and about their relationships with family and friends. Their confusion, concerns and anxieties affect their self-worth. A fifty minute class session in and of itself will have little effect on the self-concept of a student. But we hope to set the tone and underline the importance of self-esteem and self-acceptance by devoting this session to the concept and by laying a groundwork so that as the program progresses, the concept can hopefully be reinforced.

In this session we have attempted to begin to deal with "put-down" behavior--hoping that relationships within the classroom can become a model for relationships outside the classroom. We have also tried to select exercises that encourage self-awareness and self-acceptance. We have included a few optional exercises. (The bibliography in the back of this guide lists a number of good books that would be helpful in expanding this lesson plan.) Because the enhancement of self-esteem is such an important part of this overall program, we urge that this be one of the first sessions to be expanded. Behavior matches self-image. A young person with a positive, healthy self-image will make positive, healthy choices.

INTRODUCTION TO SELF-ESTEEM

SAMPLE LESSON PLAN

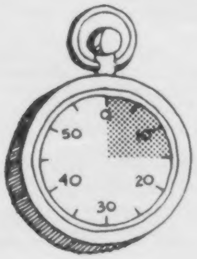
I. IALAC (Process)

Purpose: To discuss how "putdown" behavior affects self-esteem.

Process: Discussion

Materials: None required

Description: See page 57



10-15 minutes

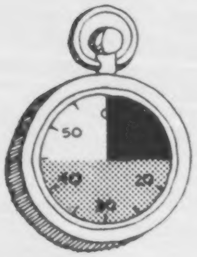
II. LOOKING AT MYSELF

Purpose: To help students increase their own self-awareness and self-esteem.

Process: Individual and small group exercise

Materials: "Looking at Myself" forms

Description: See page 58



30-35 minutes

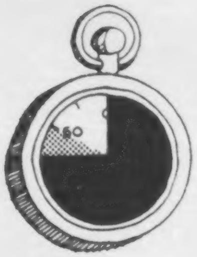
III. "MIRROR IMAGE" CHART

Purpose: To provide students with an opportunity to see how other people see them. To increase self-awareness and self-esteem.

Process: Individual "homework" assignment

Materials: "Mirror Image" forms

Description: See page 61



5 minutes

IALAC STORY (PART II)

Purpose:

The purpose of this activity is to follow-up and process the activity and assignment from the day before. Students have the opportunity to share and compare experiences they have in relationships with family and friends, analyzing how these interactions affect self-esteem.

Time Required: 10-15 minutes

Materials: None required

Procedure:

1. Ask the students to share what happened during the experiment for the last 24 hours. How did your IALAC sign get torn up? What kinds of put-downs did you receive the most? From whom? How did/do you feel?

2. Ask them if they began to notice how they put-down other people and cause them to have to rip the IALAC signs within them.

3. Spend a minute or two talking about the concept of "killer statements"--those things we say, sometimes half-unconsciously, that put people down. ("If you used your brains you could have thought of that yourself," "Hey shortie, is your father a midget too?") Negative comments or gestures can often "kill" people's good and creative feelings.

4. Ask the class for examples of "killer statements." Ask them to focus on the common ones people hear at school or at home. (Tell them if they can't think of any they're really stupid!)

5. On the blackboard or on newsprint have the class make two lists:
   a. The reasons _why_ people make "killer statements" (anger, to get back at someone, jealousy, to get attention, joking/teasing).
   b. The kinds of reactions people have when they receive "killer statements." (It may help them to ask how they feel when someone gives them a "killer statement." Reactions may include: give them one back, get upset, cry, fight, laugh, etc.)

6. Ask the class if they are willing to try to notice when they give "killer statements." Ask them if they are willing to try to avoid giving "killer statements" (as an experiment) during this program. Tell them that it's also important not to "put someone down" for giving a "killer statement." Perhaps they could simply say: "That felt to me like a killer statement."

LOOKING AT MYSELF

Purpose:

This activity is used to help the students increase their self-awareness and self-esteem. It provides them with an opportunity to look at those parts of themselves they like, and also, those parts of themselves they would like to improve.

Time Required: 30-35 minutes

Materials: "Looking at Myself" chart for all students

Procedure:

1. Hand out copies of "Looking at Myself" chart
2. Give students 10-15 minutes to fill it out
3. Break the class into groups of about four to five, and have each student in the group spend about two minutes sharing at least three things s/he likes about him/herself (and why). Ask them also to share at least one thing they are proud of doing. Before they begin, remind the class of the ground rules. Hopefully, the previous discussion of IALAC and killer statements will have prepared them to deal supportively with one another.
4. Every two minutes or so, remind the groups that they should move on to make sure that everyone gets a chance to share.
5. Once everyone in all the groups has shared, open the discussion up by asking questions similar to the following:
    - What did it feel like to share some of these things?
    - Is it hard to say positive things about yourself in a group?
    - Were you surprised by anything that was said?
    - How do we learn to like ourselves? How important is it to like ourselves?
6. Process parts of your own chart to make the following points:
    a. We are all made up of many parts.
    b. Some parts we like and some we don't.
    c. We can either learn to accept the parts we don't like or change them--we have a choice.
    d. By remembering the parts we like we feel more sure of ourselves and more able to accomplish things.
    e. By focusing on the concept of liking ourselves we feel good when we're around other people and better about anything we are doing.

Suggestions:

When handing the students the "Looking at Myself" chart, tell them that they have to list at least 8 things they like about themselves (Junior high students find it much easier to list things they don't like). The chart also separates physical attributes from personality. It is especially difficult for young adolescents to say positive things about their body. Their bodies are still rapidly changing and their self-concepts may not be firmly intact. You might want to begin talking about the changes that occur during puberty as a lead in to the somewhat more in depth discussions in later sessions.

LOOKING AT MYSELF

WHAT I LIKE ABOUT MYSELF (at least 8):

Physical	Personality

WHAT I DON'T LIKE ABOUT MYSELF:

Physical	Personality

THINGS I WOULD LIKE TO CHANGE OR IMPROVE ABOUT MYSELF:	HOW I MIGHT DO THIS:

THINGS I AM PROUD OF DOING:

MIRROR IMAGE CHART

Purpose:

This "homework" assignment provides students with an opportunity to see how other people see them. Realizing that our image of ourselves is mirrored through other people, it can be helpful to examine what the images are that other people have of us. This activity helps increase self-awareness and self-esteem.

Time Required: 5 minutes (to assign)

Materials: "Mirror Image" forms for all students

Procedure:

1. Hand out charts to all class members.
2. Tell them how it can be helpful to get an idea of how others see us - what are our strengths and weaknesses? What kind of an impression do we make? Do we like that impression?
3. Tell them that they are supposed to go home today and ask at least one friend (two if they want), one of their parents, and another family member (like a brother or sister) to list five words they would use to describe them. (On the back of their sheet, have the students list five words they would use to describe themselves.)
4. Mention that they should bring the completed charts in for the next session, so that they can be discussed. (no one will be asked to share their lists - they're for their own benefit.)
5. (See page 73 for follow-up processing activity.)

Suggestions:

In order to adequately process this exercise, the teacher must also participate and ask his/her friends, family, etc. to describe him/her. You will need to share parts of your chart during the next session's discussion.

MIRROR IMAGE CHART

FRIEND

FRIEND

PA

OTHER FAMILY MEMBER

I LEARNED THAT . . .

I AM A GOOD HUMAN BEING (OPTIONAL)

Purpose:

This activity is designed to help students acknowledge positive aspects of themselves thereby helping to raise their own self-esteem and self-concept. It also helps to facilitate the trust-building process within the class.

Time Required: 10-15 minutes

Materials: Incomplete sentences sheets; one per student

Procedure:

1. Divide class into dyads
2. Pass out incomplete sentences to each student. Instruct them to complete the sentences -- there are no right answers.
3. Tell them they will be sharing their responses with their partner.
4. Reassure them that it may be hard to write positive statements about themselves, and that this is not considered bragging or being stuck up.
5. Time is called after four minutes. Ask students to decide who will go first and that person reads their list to their partner. The listener is to remain silent but can acknowledge the talker by smiling and nodding of the head.
6. After about one minute, reverse roles and complete exercise.

Processing:

1. Ask students how it felt to write positive statements about themselves, which sentence was easiest-hardest, which did they like most - least?
2. How did it feel to share the sentences with their partner?
3. How did it feel being the listener?
4. Any other comments or feelings they would like to share?

General Comments:

Incomplete sentences are shown as follows and need to be typed for handouts ahead of time. The teacher may want to expand the list to include 10-12 incomplete sentences, asking the students to complete 4-6 in class and the rest at home (perhaps sharing their list with their parents).

Incomplete Sentences

1. The reason I am a good human being is . . .

2. I am a good son/daughter because . . .

3. I am a good friend because . . .

4. Something that makes me a good student is . . .

5. I am pleased with my . . .

6. One skill I have is . . .

7. One thing that people like about me is . . .

8. One thing I like about myself . . .

9. I am really good at . . .

VALIDATIONS (OPTIONAL)

Purpose:

This exercise is designed to increase each student's feeling of self-esteem. It also gives each student a chance to give and receive validations.

Time Required: 15 minutes

Materials: None needed

Procedure:

Note: This exercise should be used after students have worked with a partner in another exercise.

1. Students should stay with their partners.
2. Give a validation to the class as a whole.
   Example: "I really appreciate when you work together so intently."
3. Explain the meaning of "validation." (A validation is an expression of positive and valuable qualities given by one person to another. It is direct and specific, usually beginning with the phrase "I appreciate" or "I like."
4. Pick a student and give her/him a validation. Call attention to the way s/he responds.
5. Tell the students that we all have "vultures" who sit on our shoulders ready to gobble up compliments. One way we can respond to a validation is to say "thank you." That keeps the vulture away.
6. Remind students that when we give a validation we want the person to whom we're giving it to believe us. The best way to ensure this is to look directly at the person and be specific. (Teacher can role play correct and incorrect ways of giving and receiving validations).
7. Have partners face each other.
8. Give them one minute to think of one quality they value in their partner.
9. Have partner on your right go first.
10. Each person gives one validation. Remind those who are receiving validations to watch out for their vultures.
11. Process by asking students:
    a. How many found it easy to give a validation?
    b. How many found it hard to accept a validation? Why?
    c. Who do you get validations from in your life?
    d. Who do you give validations to?

e. How does it feel to receive a validation?

12. Summarize the discussion by making the following points:
    a. Getting a validation makes us feel better about ourselves.
    b. Giving a validation is one way we can help someone feel good about him/herself.
    c. Most of us have vultures on our shoulders that keep us from accepting validations. We need to keep those vultures away.

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I AM DANCING SALLY (OPTIONAL)

Purpose:

Besides being a good warm-up exercise, this activity allows students to share positive feelings about themselves. It can be a non-threatening enhancer of self-esteem and a trust-builder.

Time Required: 5-20 minutes (depending on size of class)

Materials: none required

Procedure:

1. Have the class sit in a circle. Explain that you are going to play a circle game where everyone describes something they're good at doing (or like to do) by putting an adjective in front of their name. For example:

   - I am dancing Sally.

   - I am gardening George.

   - I am marble-playing Fred.

   - I am football-playing Mary.

2. Tell the class to think of something they're good at. Give them a minute to think.

3. Begin by saying: "I am tennis-playing John (or Mr. Smith)." The student on your right says: "I am skateboarding Frank and this is tennis-playing John." The next student says "I am roller-skating Susie and this is skateboarding Frank and that is tennis-playing John." This process continues around the room.

Suggestions:

This can be varied to have each student add an adjective that describes how they are feeling. For example "I am happy Harry, this is hungry Joan and this is playful Frank."

You might want to process this exercise by asking if it was difficult to think up an adjective. Ask them how it felt to hear another person name them by describing something they are good at. Did they feel proud? Embarrassed? Why is it hard to hear good things said about ourselves sometimes?

This description adapted from: 100 Ways to Enhance Self-Concept in the Classroom, Jack Canfield/Harold Wells, Prentice Hall Inc., 1976.

LISTENING AND COMMUNICATING

SESSION III
JUNIOR HIGH

SESSION III: LISTENING AND COMMUNICATING
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Increase their ability to hear and accept different points of view
- Increase their skills in the areas of listening and communicating
- Share feelings about being members of families
- Practice looking at advantages and disadvantages of various situations

INTRODUCTION AND APPROACH

This session is designed to increase students' willingness and ability to hear and accept different points of view. It is also structured in such a way that students are given an opportunity to share feelings and express opinions. In order to have positive, growth producing relationships, a person needs to know how to truly listen and also how to truly express him/herself.

Adolescence is a time of conflict and change. For many junior high school age students, feelings about their families (brothers, sisters and parents) become very important. Therefore the content within the selected exercises tends to focus on feelings and values related to being members of families.

The session begins by asking the students to share (with I Learned Statements) some of the feelings they had about taking the Mirror Image Chart home. How do other people see them and how do they feel about their image?

We've also included a simple listening exercise where students are given a structured opportunity to talk without being interrupted. Other students are simultaneously given a chance to practice their listening skills.

The Forced Choice exercise gives students a chance (if they choose) to publicly share their feelings. Although on one hand the exercise focuses on clarifying feelings and values, it also increases a student's ability to hear and respect different points of view. The content has been selected so that students can have a structured opportunity to talk about what it's like to have only brothers or only sisters, what it's like to be an only child or come from a big family. Because Forced Choice requires an either/or decision, students also begin to look at the advantages and disadvantages of various situations.

Throughout this 10-session program the concepts of open listening and communication are reinforced through various activities. We urge, when expanding this program, that as many listening/communication exercises as possible be included. We feel that before sensitive issues like contraception and pregnancy alternatives are introduced, students will be better prepared to share and compare feelings and opinions if listening and communication skills have been refreshed and enhanced.

One last point: Being listened to increases feelings of self-worth. By giving students opportunities to share of themselves, they are able to feel that they are valuable, that their opinions are important and that they are indeed lovable and capable human beings.

LISTENING AND COMMUNICATING

SAMPLE LESSON PLAN

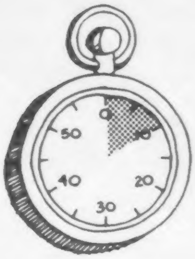
I. "I LEARNED" STATEMENTS

Purpose: To process "mirror image" homework assignment.

Process: Individual exercise-large group discussion

Materials: Previous day's forms, extra paper, pencils

Description: See page 73



5-10 minutes

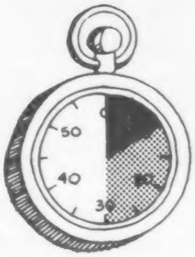
II. LISTENING EXERCISE

Purpose: To increase ability to hear and accept different points of view; to enhance listening skills; to share feelings about being members of families.

Process: Triad exercise and discussion

Materials: None needed

Description: See page 75



20-25 minutes

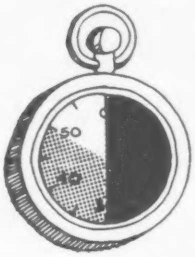
III. FORCED CHOICE

Purpose: (Same as above)

Process: Large group exercise and discussion

Materials: Floor space

Description: See page 76



20-25 minutes

I LEARNED STATEMENTS
(Mirror Image Chart Process)

Purpose:

"I Learned Statements" can be a quick way to help process and summarize the learning that takes place during an exercise. In this case, they are used to process the "Mirror Image" chart homework assignment (see page 61), allowing students to share some of their feelings about how other people see them.

Time Required: 5-10 minutes

Materials: Previous day's forms, extra paper, pencils

Procedure:

(See page 166 for a more extensive discussion of the "I Learned Statements" activity.)

1. Explain that you want the class to look over their "Mirror Image" chart, examining the similarities and differences between various peoples' impressions of them (including their own impression of themselves).

2. On the blackboard write the following incomplete sentences:

   I learned that I . . .
   I discovered that I . . .
   I was surprised that I . . .
   I was pleased that I . . .
   I was displeased that I . . .

   Ask the students to choose two or three incomplete sentences from the above list and finish them with feelings that came from having done the exercise. (Space was left on their charts - have extra paper for those who forgot their charts.)

3. Once you've given them a few minutes to finish their sentences, ask for a few volunteers to share their "I Learned Statements" with the entire class.

4. Process your own chart for the class and tell the class what you learned or discovered about yourself. Stress the fact that:

   a. We all have many parts and that different people like different parts of us.
   b. The way people react to us may make us feel good or bad about ourselves.
   c. Someone's likes and dislikes are their own personal reactions (e.g., that someone doesn't like the way I dress says something about their values, not mine).

d. We can choose to be around people that help us feel good about ourselves.
e. When we're with others we can choose to focus on the parts of them that we like and help them feel good about themselves.

LISTENING EXERCISE

Purpose:

This activity helps students increase their ability to listen without judging. It also allows them to share feelings about their families.

Time Required: 20-25 minutes

Materials: None needed

Procedure:

1. Form dyads.

2. Tell class that you (the teacher) are going to describe your family and that their job is to listen. Give a one minute description of your family, including the way you feel about some members, or the situation in general.

3. Ask the class to tell you what they remember about your family.

4. Tell each dyad to decide which one of them will be the first talker.

5. Tell them they will have one minute to describe their family to their partner. When they are finished, their partner will repeat as many details as s/he remembers. Then the other partner will have one minute to describe their family, while the other listens and then repeats what s/he has heard.

6. Be sure to call "stop" when one minute is up. Give the listener a few minutes to repeat what s/he has heard.

7. Process the exercise with questions such as:

    a. How many people had a hard time listening?
    b. How many had a hard time remembering what they heard?
    c. What makes it hard to listen and remember?

8. Stress the following points:

    a. Making value judgments while we are listening makes it hard to hear what is being said.
    b. Thinking about our own story keeps us from being able to listen.
    c. Not paying attention, or thinking about something else makes it hard for us to listen.

Suggestion:

If there is time, you may want to follow up this activity with VALIDATIONS, (See Session II, page 65).

FORCED CHOICE

Purpose:

This forced choice exercise has a number of purposes. It places students in a position where they have to think about an issue and make a choice based on their own values and experiences. It allows students to listen to different points of view. And in this particular exercise, when using forced choice questions that deal with the family, it allows students to share some of the positive and negative aspects/feelings of various family systems.

Time Required: 20-25 minutes

Materials: Floor space

Procedure:

1. Clear a space across the room and ask all the students to stand.

2. Ask an either-or question (related to families in this instance - see sample questions below) and have the students stand on one side of the room or other, depending on their choice. (Students may resist picking one over the other. Tell them that for this exercise there is no middle ground. They have to make a choice.)

3. After they've made their choices, ask for a few volunteers to explain why they are standing where they are standing. Make it clear to the students that they are only to state their own position, not comment upon, argue with, or in any way evaluate the other students' positions. Reiterate to the class that one of the functions of the exercise is to become aware of the wide range of values surrounding issues, and that they should attempt to listen and really try to hear what the other person is saying.

4. Once a reasonable number of students have stated their opinions, you can open the discussion up to talk about the issue in depth or move directly on to another forced choice question.

5. One helpful question to ask is - How hard is it to have a feeling (or make a choice) that is different from the rest of the group? Talk about peer pressure.

Suggested Questions:

1. I would rather:

   - be an only child
   - be one of six children

2. I would rather:

   - have only a brother
   - have only a sister

3. If I were to choose to have children one day and I could only have one child, I would rather:

   - have a boy
   - have a girl

4. If I were one of 5 children I would rather:

   - be the oldest
   - be the youngest

You could also ask the students to come up with some of their own questions.

Suggestions:

It is important to remember that any student can pass on this exercise at an time.

LISTENING WITH CLUES (OPTIONAL)

Purpose:

This activity is designed to allow students to increase their ability to understand clues to other people's feelings. It also gives them an opportunity to focus on their own feelings about their families.

Time Required: 30-35 minutes

Materials: None needed

Procedure:

1. Form dyads.
2. List the following topics on the board:
    - The scariest thing that happened in my family
    - The most exciting thing that happened in my family
    - The saddest thing that happened in my family
    - The biggest problem I have in my family
3. Ask for a volunteer to talk about one topic in front of the class. After s/he finishes describing their situation, point out the way the person's tone of voice, facial expressions, body posture and hand movements helped you understand the emotions s/he was trying to portray. Tell the person what you felt was the main fear, excitement, anger, etc., (feeling) they were trying to get across. (Example: "The scariest thing about that for you seemed to be _____.")
4. Have dyads decide who will be the talker first.
5. Give the direction that it is the listener's job to pick out the feelings that the talker is trying to portray.
6. Give the talker about three minutes to discuss one of the topics.
7. Give the listener three minutes to give feedback on the feelings s/he noticed.
8. Switch roles and repeat.
9. Process by asking the following questions:
    a. What was hard about this exercise?
    b. What clues did you use to tell what someone was feeling?
    c. How many people felt it was easier to be the talker? Why?
    d. How many found it easier to be the listener? Why?

10. Close the discussion by making the following points:

    a. In order to understand what someone is telling us we must pay attention to their body language as well as their voice.
    b. People appreciate when someone understands their feelings.
    c. A good way to let someone know you understand is to say "it seems like you were really scared" or "you sound angry about that."

Suggestion:

If there is time, you might want to follow-up this exercise with VALIDATIONS, (See Session II, page 65).

SEX ROLES

SESSION IV
JUNIOR HIGH

SESSION IV: SEX ROLES
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Understand the difference between gender and sex role
- Examine how their lives are affected by gender, sex roles and sex stereotyping

INTRODUCTION AND APPROACH

Adolescence is a time when young people are seeking to clarify their identity and self-concept. One of the areas of greatest concern for them is their proper sexual role. How does a man act? How does a woman act? What is proper sex role behavior? Because adolescents are growing up in a time of changing sex roles, there are not always clear-cut patterns of behavior to model. Increasingly, the distinction between male and female roles is becoming less clear. People have roles as people and "people roles" are not necessarily limited by our definitions of masculinity and femininity.

One of the purposes of this session is to help the student clarify the difference between gender and sex roles. We are also trying to help clarify the concept of sex role stereotyping. Because of the strong influence of peers, young adolescents are often pressured into rigid sex role behavior--behavior that may not reflect their true feelings and desires. Attempts to conform to certain behaviors because they seem to promise a proper sex role identity often lead to difficulties in making responsible decisions. Decisions may end up being made which are not truly consistent with a young person's values.

In designing this session we were concerned with providing exercises which helped clarify the definitions and differences between gender, sex roles and sex role stereotyping. We also wanted to present activities which would show how our lives are affected by stereotyping sex roles. We hope that by engendering discussion, students can understand that their "role" in life is something they themselves can determine. A male does not have to always be sexually aggressive to be masculine. A female does not have to passively submit to the pressures from an aggressive male in order to be feminine. We all have choices. Becoming more aware of the meaning of sex roles helps students become more aware of their choices.

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SEX ROLES

SAMPLE LESSON PLAN

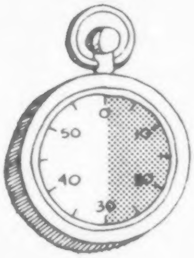
I. THE STORY OF BABY X

Purpose: To understand the difference between gender and sex role; to understand how sex role affects our self-image and expectations of self.

Process: Reading of story and discussion

Materials: "X: A Fabulous Child's Story" by Lois Gould (Ms. Magazine, January 1972)

Description: See page 85



30-35 minutes

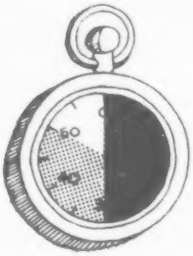
II. ADVANTAGES AND DISADVANTAGES

Purpose: To explain how both male and female sex roles in our culture have both advantages and disadvantages; to increase understanding of the effects of sex roles and sex stereotyping.

Process: Large group brainstorming

Materials: Newsprint and markers

Description: See page 94



15-20 minutes

THE STORY OF BABY X

Purpose:

This activity is an amusing and involving way of helping students to become more aware of how gender and sex roles affect our lives. The story explores the relationship between gender and sex roles, employing the technique of sex role reversal to point out automatic assumptions about sex roles. Other aspects of the story point out how sex roles affect self-image and others' images of ourselves, as well as self-expectations and expectations of others.

Time Required: 30 to 35 minutes

Materials: "X: A Fabulous Child's Story" by Lois Gould (Ms. Magazine, January, 1972)

Procedure:

1. Explain to students that you are going to read a story about what happens when people can't tell what sex a person is. Explain that this is a funny children's story that older people seem to enjoy, and that it will take about 20 minutes to read.

2. Ask students to pay attention to places in the story where there are sex role reversals: that is, where males do what is normally thought of as female activities and vice versa.

3. Read the story.

4. Ask students what sex role reversals they can remember.

5. Ask how many students pictures Baby X as a boy during the story. How many pictured Baby X as a girl? Why?

6. Ask students if they have ever been in a situation where they saw or had to deal with a person whose sex was not readily apparent. How did they feel about that person? How did they act?

7. Ask students if they have noticed any ways in which they are treated differently at home or at school because of gender.

8. Ask students if they have noticed any ways in which they treat their friends, family members, or others, according to gender.

9. Ask students if they like the situation the way it is -- or would they like to change society's attitudes about sex roles? If so, or if not, why?

Suggestions:

Story should be read in as animated and lively a manner as possible. Be ready for questions about the meaning of such terms as: transvestite, bisexual, gay, fairy, etc. Be sensitive to students in the class who may already be taking some kidding from others about a unisex appearance.

THE STORY OF BABY X -- by Lois Gould

Once upon a time, a baby named X was born. This baby was named X so that nobody could tell whether it was a boy or a girl. Its parents could tell, of course, but they couldn't tell anybody else. They couldn't even tell Baby X, at first.

You see, it was all part of a very important Secret Scientific Xperiment, known officially as Project Baby X. The smartest scientists had set up this Xperiment at a cost of Xactly 23 billion dollars and 72 cents, which might seem like a lot for just one baby. But when you remember the prices of things like strained carrots and stuffed bunnies, and popcorn for the movies and booster shots for camp, let alone 28 shiny quarters from the tooth fairy, you begin to see how it adds up.

Also, long before Baby X was born, all those scientists had to be paid to work out the details of the Xperiment, and to write an *Official Instruction Manual* for Baby X's parents and, most important of all, to find the right set of parents to bring up Baby X. These parents had to be selected very carefully. Thousands of volunteers had to take thousands of tests and answer thousands of tricky questions. Almost everybody failed because, it turned out, almost everybody really wanted either a baby boy or a baby girl, and not Baby X at all. Also, almost everybody was afraid that Baby X would be a lot more trouble than a boy or a girl. (They were probably right, the scientists admitted, but Baby X needed parents who wouldn't *mind* the Xtra trouble.)

There were families with grandparents named Milton and Agatha, who didn't see why the baby couldn't be named Milton or Agatha instead of X, even if it *was* an X. There were families with aunts who insisted on knitting tiny dresses and uncles who insisted on sending tiny baseball mitts. Worst of all, there were families that already had other children who couldn't be trusted to keep the secret. Certainly not if they knew the secret was worth 23 billion dollars and 72 cents -- and all you had to do was take one little peek at Baby X in the bathtub to know if it was a boy or a girl.

But finally, the scientists found the Joneses, who really wanted to raise an X more than any other kind of baby -- no matter how much trouble it would be. Ms. and Mr. Jones had to promise they would take equal turns caring for X, and feeding it, and singing it lullabies. And they had to promise never to hire any baby-sitters. The government scientists knew perfectly well that a baby-sitter would probably peek at X in the bathtub, too.

The day the Joneses brought their baby home, lots of friends and relatives came over to see it. None of them knew about the secret Xperiment, though. So the first thing they asked was what kind of a baby X was. When the Joneses smiled and said, "It's an X!" nobody knew what to say. They couldn't say, "Look at her cute little dimples!" And they couldn't say, "Look at his husky little biceps!" And they couldn't even say just plain "kitchy-coo." In fact, they all thought the Joneses were playing some kind of rude joke.

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[1] Reprinted with permission of Daughter's Publishing Company, Inc.. Houston, Texas

But, of course, the Joneses were not joking. "It's an X," was absolutely all they would say. And that made the friends and relatives very angry. The relatives all felt embarrassed about having an X in the family. "People will think there's something wrong with it!" some of them whispered. "There is something wrong with it!", others whispered back.

"Nonsense!", the Joneses told them all cheerfully. "What could possibly be wrong with this perfectly adorable X?"

Nobody could answer that, except Baby X, who had just finished its bottle. Baby X's answer was a loud satisfied burp.

Clearly, nothing at all was wrong. Nevertheless, none of the relatives felt comfortable about buying a present for a Baby X. The cousins who sent the baby a tiny football helmet would not come and visit any more. And the neighbors who sent a pink-flowered romper suit pulled their shades down when the Joneses passed their house.

The Official Instruction Manual had warned the new parents that this would happen, so they didn't fret about it. Besides, they were too busy with Baby X and the hundreds of different Xercises for treating it properly.

Ms. and Mr. Jones had to be Xtra careful about how they played with little X. They knew that if they kept bouncing it up in the air and saying how strong and active it was, they'd be treating it more like a boy than an X. But if all they did was cuddle it and kiss it and tell it how sweet and dainty it was, they'd be treating it more like a girl than an X.

On page 1,654 of the Official Instruction Manual, the scientists prescribed: "plenty of bouncing and plenty of cuddling, both. X ought to be strong and sweet and active. Forget about dainty altogether."

Meanwhile, the Joneses were worrying about other problems. Toys, for instance. And clothes. On his first shopping trip, Mr. Jones told the store clerk, "I need some clothes and toys for my new baby." The clerk smiled and said, "Well, now, is it a boy or a girl?" "It's an X," Mr. Jones said, smiling back. But the clerk got all red in the face and said huffily, "In that case, I'm afraid I can't help you, sir." So Mr. Jones wandered helplessly up and down the aisles trying to find what X needed. But everything in the store was piled up in sections marked "Boys" or "Girls." There were "Boys' Pajamas" and "Girls' Underwear" and "Boys' Fire Engines" and "Girls' Housekeeping Sets." Mr. Jones went home without buying anything for X. That night he and Ms. Jones consulted page 2,326 of the Official Instruction Manual. Buy plenty of everything!" it said firmly.

So they bought plenty of sturdy blue pajamas in the Boys' Department and cheerful flowered underwear in the Girls' Department. And they bought all kinds of toys. A boy doll that made pee-pee and cried, "Pa-Pa." And a girl doll that talked in three languages and said, "I am the Pres-i-dent of Gen-er-al Mo-tors." They also bought a storybook about a brave princess who rescued a handsome prince from his ivory tower and another one about a sister and brother who grew up to be a baseball star and a ballet star and you had to guess which was which.

The head scientists of Project Baby X checked all their purchases and told them to keep up the good work. They also reminded the Joneses to see page 4,629 of the *Manual*, where it said, "Never make Baby X feel *embarrassed* or *ashamed* about what it wants to play with. And if X gets dirty climbing rocks, never say 'Nice little Xes don't get dirty climbing rocks.'"

Likewise, it said, "If X falls down and cries, never say 'Brave little Xes don't cry.' Because, of course, nice little Xes *do* get dirty, and brave little Xes *do* cry. No matter how dirty X gets, or how hard it cries, don't worry. It's all part of the Xperiment."

Whenever the Joneses pushed Baby X's stroller in the park, smiling strangers would come over and coo: "Is that a boy or a girl?" The Joneses would smile back and say, "It's an X." The strangers would stop smiling then, and often snarl something nasty -- as if the Joneses had snarled at *them*.

By the time X grew big enough to play with other children, the Joneses' troubles had grown bigger, too. Once a little girl grabbed X's shovel in the sandbox and zonked X on the head with it. "Now, now, Tracy," the little girl's mother began to scold, "little girls mustn't hit little--" and she turned to ask X, "Are you a little boy or a little girl, dear?"

Mr. Jones, who was sitting near the sandbox, held his breath and crossed his fingers.

X smiled politely at the lady, even though X's head had never been zonked so hard in its life. "I'm a little X," X replied.

"You're *what*?", the lady exclaimed angrily. "You're a little b-r-a-t, you mean!"

"But little girls mustn't hit little Xes, either! said X, retrieving the shovel with another polite smile. "What good does hitting do, anyway?"

X's father, who was still holding his breath, finally let it out, uncrossed his fingers, and grinned back at X.

And at their next secret Project Baby X meeting, the scientists grinned, too. Baby X was doing fine.

But then it was time for X to start school. The Joneses were really worried about this, because school was even more full of rules for boys and girls, and there were no rules for Xes. The teacher would tell boys to form one line, and girls to form another line. There would be boys' games and girls' games, and boys' secrets and girls' secrets. The school library would have a list of recommended books for girls, and a different list of recommended books for boys. There would even be a bathroom marked BOYS and another one marked GIRLS. Pretty soon boys and girls would hardly ta[illegible] to each other. What would happen to poor little X?

The Joneses spent weeks consulting their *Instruction Manual* (there were 249½ pages of advice under "First Day of School"), and attending urgent special conferences with the smart scientists of Project Baby X.

The scientists had to make sure that X's mother had taught X how to throw and catch a ball properly, and that X's father had been sure to teach X what to serve at a doll's tea party. X had to know how to shoot marbles and how to jump rope and, most of all, what to say when the Other Children asked whether X was a Boy or a Girl.

Finally, X was ready. The Joneses helped X button on a nice new pair of red-and-white checked overalls, and sharpened six pencils for X's nice new pencil-box, and marked X's name clearly on all the books in its nice new bookbag. X brushed its teeth and combed its hair, which just about covered its ears, and remembered to put a napkin in its lunchbox.

The Joneses had asked X's teacher if the class could line up alphabetically, instead of forming separate lines for boys and girls. And they had asked if X could use the principal's bathroom, because it wasn't marked anything except BATHROOM. X's teacher promised to take care of all those problems. But nobody could help X with the biggest problem of all-- Other Children.

Nobody in X's class had ever known an X before. What would they think? How would X make friends?

You couldn't tell what X was by studying its clothes--overalls don't even button right-to-left, like girls' clothes, or left-to-right, like boys' clothes. And you couldn't guess whether X had a girl's short haircut or a boy's long haircut. And it was very hard to tell by the games X like to play. Either X played ball very well for a girl, or else X played house very well for a boy.

Some of the children tried to find out by asking X tricky questions, like "Who's your favorite sports star?" That was easy. X had two favorite sports stars: a girl jockey named Robyn Smith and a boy archery champion named Robin Hood. Then they asked, "What's your favorite TV program?" And that was even easier. X's favorite TV program was "Lassie," which stars a girl dog played by a boy dog.

When X said that its favorite toy was a doll, everyone decided that X must be a girl. But then X said that the doll was really a robot, and that X had computerized it, and that it was programmed to bake fudge brownies and then clean up the kitchen. After X told them that, the other children gave up guessing what X was. All they knew was they'd sure like to see X's doll.

After school, X wanted to play with the other children. "How about shooting some baskets in the gym?", X asked the girls. But all they did was make faces and giggle behind X's back.

"How about weaving some baskets in the arts and crafts room?", X asked the boys. But they all made faces and giggled behind X's back, too.

That night, Ms. and Mr. Jones asked X how things had gone at school. X told them sadly that the lessons were okay, but otherwise school was a terrible place for an X. It seemed as if Other Children would never want an X for a friend.

Once more, the Joneses reached for their Instruction Manual. Under "Other Children," they found the following message: "What did you Xpect? Other Children have to obey all the silly boy-girl rules, because their parents taught them to. Lucky X-- you don't have to stick the rules at all! All you have to do is be yourself. P.S. We're not saying it'll be easy."

X liked being itself. But X cried a lot that night, partly because it felt afraid. So X's father held X tight, and cuddled it, and couldn't help crying a little, too. And X's mother cheered them both up by reading an Xciting story about an enchanted prince called Sleeping Handsome, who woke up when Princess Charming kissed him.

The next morning, they all felt much better, and little X went back to school with a brave smile and a clean pair of red-and-white checked overalls.

There was a seven-letter-word spelling bee in class that day. And a seven-lap boys' relay race in the gym. And a seven-layer-cake baking contest in the girls' kitchen corner. X won the spelling bee. X also won the relay race. And X almost won the baking contest, except it forgot to light the oven. Which only proves that nobody's perfect.

One of the Other Children noticed something else, too. He said, "Winning or losing doesn't seem to count to X. X seems to have fun being good at boys' skills and girls' skills.

"Come to think of it," said another one of the Other Children, "maybe X is having twice as much fun as we are!"

So after school that day, the girl who beat X at the baking contest gave X a big slice of her prizewinning cake. And the boy X beat in the relay race asked X to race him home.

From then on, some really funny things began to happen. Susie, who sat next to X in class, suddenly refused to wear pink dresses to school any more. She insisted on wearing red-and-white checked overalls--just like X's. Overalls, she told her parents, were much better for climbing monkey bars.

Then Jim, the class football nut, started wheeling his little sister's doll carriage around the football field. He'd put on his entire football uniform, except for the helmet. Then he'd put the helmet in the carriage, lovingly tucked under an old set of shoulder pads. Then he'd start jogging around the field, pushing the carriage and singing "Rockabye Baby" to his football helmet. He told his family that X did the same thing, so it must be okay. After all, X was now the team's star quarterback.

Susie's parents were horrified by her behavior, and Jim's parents were worried sick about his. But the worst came when the twins, Joe and Peggy, decided to share everything with each other. Peggy used Joe's hockey skates, and his microscope, and took half his newspaper route. Joe used Peggy's needlepoint kit, and her cookbooks, and took two of her three baby-sitting jobs. Peggy started running the lawn mower, and Joe started running the vacuum cleaner.

Their parents weren't one bit pleased with Peggy's wonderful biology experiments, or with Joe's terrific needlepoint pillows. They didn't care that Peggy mowed the lawn better, and that Joe vacuumed the carpet better. In fact, they were furious. It's all that little X's fault, they agreed. Just because X doesn't know what it is, or what it's supposed to be, it wants to get everyone else mixed up, too!

Peggy and Joe were forbidden to play with X any more. So was Susie, and then Jim, and then all the Other Children. But it was too late; the Other Children stayed mixed up and happy and free, and refused to go back to the way they'd been before X.

Finally, Joe and Peggy's parents decided to call an emergency meeting of the school's Parents' Association, to discuss "The X Problem." They sent a report to the principal stating that X was a "disruptive influence." They demanded immediate action. The Joneses, they said, should be forced to tell whether X was a boy or a girl. And then X should be forced to behave like whichever it was. If the Joneses refused to tell, the Parents' Association said, then X must take an Xamination. The school Psychiatrist must Xamine it physically and mentally, and issue a full report. If X's test showed it was a boy, it would have to obey all the boys' rules. If it proved to be a girl, X would have to obey all the girls' rules.

And if X turned out to be some kind of mixed-up misfit, then X should be Xpelled from the school. Immediately!

The principal was very upset. Disruptive influence? Mixed-up misfit? But X was an Xcellent student. All the teachers said it was a delight to have X in their classes. X was president of the student council. X had won first prize in the talent show, and second prize in the art show, and honorable mention in the science fair, and six athletic events on field day, including the potato race.

Nevertheless, insisted the Parents' Association, X is a Problem Child. X is the biggest Problem Child we have ever seen!

So the principal reluctantly notified X's parents that numerous complaints about X's behavior had come to the school's attention. And that after the psychiatrist's Xamination, the school would decide what to do about X.

The Joneses reported this at once to the scientists, who referred them to page 85,759 of the Instruction Manual. "Sooner or later," it said, "X will have to be Xamined by a psychiatrist. This may be the only way any of us will know for sure whether X is mixed up-- or whether everyone else is."

The night before X was to be Xamined, the Joneses tried not to let X see how worried they were. "What if--?" Mr. Jones would say. And Ms. Jones would reply, "No use worrying." Then a few minutes later, Ms. Jones would say, "What if--?" and Mr. Jones would reply, "No use worrying."

X just smiled at them both, and hugged them hard and didn't say much of anything. X was thinking, What if--? And then X thought: No use worrying.

At Xactly 9 o'clock the next day, X reported to the school psychiatrist's office. The principal, along with a committee from the Parents' Association, X's teacher, X's classmates, and Ms. and Mr. Jones, waited in the hall outside. Nobody knew the details of the tests X was to be given, but everybody knew they'd be very hard, and that they'd reveal Xactly what everyone wanted to know about X, but were afraid to ask.

It was terribly quiet in the hall. Almost spooky. Once in a while, they would hear a strange noise inside the room. There were buzzes. And a beep or two. And several bells. An occasional light would flash under the door. The Joneses thought it was a white light, but the principal thought it was blue. Two or three children swore it was either yellow or green. And the Parents' Committee missed it completely.

Through it all, you could hear the psychiatrist's low voice, asking hundreds of questions, and X's higher voice, answering hundreds of answers.

The whole thing took so long that everyone knew it must be the most complete Xamination anyone had ever had to take. Poor X, the Joneses thought. Serves X right, the Parents' Committee thought. I wouldn't like to be in X's overalls right now, the children thought.

At last, the door opened. Everyone crowded around to hear the results. X didn't look any different; in fact, X was smiling. But the psychiatrist looked terrible. He looked as if he was crying! "What happened?", everyone began shouting. Had X done something disgraceful? "I wouldn't be a bit surprised!", muttered Peggy and Joe's parents. "Did X flunk the whole test?", cried Susie's parents. "Or just the most important part?", yelled Jim's parents.

"Oh, dear," sighed Mr. Jones.

"Oh, dear," sighed Ms. Jones.

"Sssh," ssshed the principal. "The psychiatrist is trying to speak."

Wiping his eyes and clearing his throat, the psychiatrist began, in a hoarse whisper. "In my opinion," he whispered--you could tell he must be very upset--"in my opinion, young X here--"

"Yes? Yes?" shouted a parent impatiently.

"Sssh," sshed the principal.

"Young Sssh here, I mean young X," said the doctor, frowning, "is just about--"

"Just about what? Let's have it!" shouted another parent.

"...just about the least mixed up child I've ever Xamined!" said the psychiatrist.

"Yey for X!" yelled one of the children. And then the others began yelling too. Clapping and cheering and jumping up and down.

"SSSH!" SSShed the principal, but nobody did.

The Parents' Committee was angry and bewildered. How could X have passed the whole Xamination? Didn't X have an identity problem? Wasn't X messed up at all? Wasn't X any kind of misfit? How could it not be, when it didn't even know what it was? And why was the psychiatrist crying?

Actually, he had stopped crying and was smiling politely through his tears. "Don't you see?", he said. "I'm crying because it's wonderful! X has absolutely no identity problem! X isn't one bit mixed up! As for being a misfit--ridiculous! X knows perfectly well what it is! Don't you, X?" The doctor winked. X winked back.

"But what is X", shrieked Peggy and Joe's parents. "We still want to know what it is!"

"Ah, yes," said the doctor, winking again. "Well, don't worry. You'll all know one of these days. And you won't need me to tell you."

"What? What does he mean?" some of the parents grumbled suspiciously. Susie and Peggy and Joe all answered at once. "He means that by the time X's sex matters, it won't be a secret any more!"

With that, the doctor began to push through the crowd toward X's parents. "How do you do," he said, somewhat stiffly. And then he reached out to hug them both. "If I ever have an X of my own," he whispered, "I sure hope you'll lend me your instruction manual."

Needless to say, the Joneses were very happy. The Project Baby X scientists were rather pleased, too. So were Susie, Jim, Peggy, Joe, and all the Other Children. The Parents' Association wasn't, but they had promised to accept the psychiatrist's report, and not make any more trouble. They even invited Ms. and Mr. Jones to become honorary members, which they did.

Later that day, all X's friends put on their red-and-white checked overalls and went over to see X. They found X in the back yard, playing with a very tiny baby that none of them had ever seen before. The baby was wearing very tiny red-and-white checked overalls.

"How do you like our new baby?" X asked the Other Children proudly.

"It's got cute dimples," said Jim.

"It's got husky biceps, too," said Susie.

"What kind of baby is it?" asked Joe and Peggy.

X frowned at them. "Can't you tell?" Then X broke into a big, mischievous grin. "It's a Y!"

ADVANTAGES AND DISADVANTAGES

Purpose:

This activity allows students to explore the advantages and disadvantages inherent in our culture's sex roles. It also helps increase understanding of effects of sex roles and sex role stereotyping.

Time Required: 15-20 minutes

Materials: Newsprint with markers

Procedure:

1. Break class up into same sex groups of five or six.

2. Give each group two sheets of newsprint (one labeled advantages, one labeled disadvantages).

3. Explain the rules for brainstorming. (see page 135)

4. Tell each group that they have 10 minutes to brainstorm the advantages and disadvantages of being a male (for the boys) or a female (for the girls). (You can also pose the question: What are the things that you like about being a boy (girl)? What are the things that you don't like about being a boy (girl)?

5. After the groups have finished, post their lists and process them.

6. Discuss:

   a. How do the advantages of being male differ from being female? How do the disadvantages differ?

   b. Who seems to have the better deal?

   c. Are the advantages/disadvantages based on gender or sex role?

   d. How might someone be able to gain the advantages of both sex roles?

   e. What relationship exists between sex role and self-esteem?

Suggestions:

If more time is available you could have the groups list the advantages/disadvantages of being male and the advantages/disadvantages of being female. This allows each group to more completely analyze and understand the opposite sex role.

NURSE'S DILEMMA (OPTIONAL)

Purpose:

This activity is an amusing ice-breaker which captures the students' attention and introduces the subject of sex role stereotyping.

Time Required: 5-10 minutes

Materials: None needed

Procedure:

1. Explain to students that you are going to tell them a riddle; if they know the answer, they should keep it to themselves to see how long it takes everybody else to get it.

2. Read or carefully tell the following riddle:

   A mother and her daughter were driving to a Christmas ballet performance. On the way, they were in an accident--the mother was killed, and the daughter was brought to the emergency room of the local hospital. Nurse Jones was called in to treat the girl. The nurse took one look at the girl and said, "I can't treat this girl, she's my daughter!" How is this possible?

3. Ask how many students know the answer. If less than half the class responds, offer to read the riddle one or more times again until more students get it.

4. Ask a student to give the answer. (Nurse Jones is the girl's father.)

5. Ask the class why it's hard to get the riddle--what are our automatic assumptions?

6. Discuss the concept of "stereotyping."

Suggestions:

This activity works well as an introduction to sex roles, before anything else is said. Read or tell the riddle very carefully--the wording is tricky.

MASCULINE/FEMININE (OPTIONAL)

Purpose:

This activity increases the student's awareness of the stereotyped sex roles that s/he has learned and encourages students to notice how they compare to that stereotype.

Time Required: 30 minutes

Materials: "Labels" handout, blackboard or newsprint and marker

Procedure:

1. Explain the definitions of masculine and feminine. (Masculine=men, Feminine=women)

2. Give out "labels" handout.

3. Give the class five minutes to code their list M or F.

4. Meanwhile label two pieces of newsprint "Masculine" and "Feminine."

5. Get students to call out the words on their lists that are feminine; then masculine. List these on the proper chart.

6. As a student gives a word, ask him/her to explain why they chose that to be masculine or feminine.

7. Ask students for other words that describe masculine and feminine. Add those to the lists on board.

8. Ask students where these beliefs come from.

9. Ask students if they think a boy can ever be unmechanical or gentle, etc. And if a girl can ever be strong or brave, etc.

10. Ask students what they think it would feel like if they had to be everything on one chart and nothing on the other.

11. Ask if any of the girls have "masculine" traits or if any boys have "feminine" traits. Get them to talk about any problems they have because of those characteristics. (Example: a tall girl; a sensitive boy)

12. Summarize the discussion by making the following points:

    A. Stereotyped sex roles keep people from developing their natural abilities and personalities.

    B. We reinforce sexual stereotyping by expecting certain behavior from boys and girls and by rejecting boys and girls that don't conform to those expectations.

C. We can begin to be free of sex role stereotyping by getting in touch with our own needs and feelings and by accepting differences in other people.

"LABELS"

Instructions:

Read through this list of words quickly, putting an "F" next to those that describe females and an "M" next to those that describe males.

adventurous
aggressive
big
boss
brave
breadwinner
cute
dainty
domineering
dumb
emotional
foxy
gentle
gossip
good cook
graceful
hairy
hard
helpless
hero
independent
innocent
loud
motherly
nagging
giggly
sexy
soft
strong
sweet
talkative
tall
tender
tough
unmechanical
wholesome
wicked
quiet
sensitive

Adapted from The Guidebook for Teaching Family Living, Lynne De Spelder and Nathalie Prettyman, Allyn and Bacon, Boston, forthcoming 1979.

VALUES CONTINUUMS (OPTIONAL)

Purpose:

This activity is a good way to get students talking about how their lives are affected by gender and sex roles.

Time Required: 5-10 minutes per continuum

Materials: Floorspace

Procedure:

1. Explain to students that a good way to become aware of and discuss differences of opinion about our definitions of masculinity and femininity is to do an activity called values continuums. Explain that it involves volunteers deciding whether they agree or disagree with statements about sex roles, and then the class as a whole gets to discuss it. Emphasize that there are no right or wrong answers, only opinions. Everybody has a right to take a turn expressing their own opinion, as long as they don't put anyone else down for a different opinion.

2. Ask for five volunteers. Explain that the volunteers will be given a statement which they can either agree with, disagree with, or pass on. If they agree, they stand on one side of the room (label it), if they disagree, they stand on the other side of the room, and if they want to pass (for any reason), they can do so by sitting down until the next statement.

3. Explain to the rest of the class that their role is to not give away their opinions or try to influence the volunteers. After the volunteers have been given the opportunity to share their opinions, open up the discussion to the rest of the class. Emphasize that peer pressure can interfere with the accuracy of the opinions given by the volunteers, thus reducing the usefulness of the activity.

4. Give the volunteers a statement or continuum one at a time, taking about five to ten minutes to process each continuum. Then give each volunteer an opportunity to share their opinion and why. Finally, open up discussion to the rest of the class. Then go on to the next continuum.

Suggested Continuums:

1. Men should take care of children as often as women.

2. Housework is a woman's responsibility.

3. In a marriage, the man should always be responsible for the money.

4. Women are better cooks, so they should always do the cooking.

5. It's okay for a woman to cry, but not a man.

5. Close the discussion with the following points:

   a. Many people have different ideas about what men and women should do.
   b. These ideas come from what we see around us: our parents, friends, TV, movies.
   c. Often we go along with what our friends think without deciding for ourselves. Give some examples such as boys wanting to cry, or girls being strong, but not showing that side of themselves because of fear that their friends will make fun of them. Get the class to share a few of these kinds of experiences in their own lives.
   d. By deciding for ourselves what we want to do and how we want to be we can create happier lives for ourselves and feel better inside.

ADOLESCENT GROWTH AND DEVELOPMENT

SESSION V
JUNIOR HIGH

SESSION V: ADOLESCENT GROWTH AND DEVELOPMENT
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Review information about changes that occur during puberty
- Acquire a basic understanding of the male and female reproductive systems

INTRODUCTION AND APPROACH

Puberty is a time of both physical and emotional change. Adolescents may feel anxiety over their bodily changes and they may feel conflicts over becoming adults. A clear and complete understanding of the changes during puberty will help to lessen fears and increase the young person's sense of control over his/her body.

It is quite common for students in junior high classes to be at varying levels of physical and emotional development. Students need to be reassured that there is a wide range of normal development at this age, they need to be reassured that it's normal to have some worries and concerns, and they need to know how to go about getting help if they think they are experiencing abnormal growth and development.

Because junior high students may have already received information about puberty earlier, and because adolescents are already experiencing the changes of puberty, we have designed the first exercise to be an information sharing review. If a teacher is lucky enough to have an open, talkative class, it may be possible to elicit good discussions and sharing about the changes that are taking place. Part of the film Human Growth III (listed in the audio-visual appendix) shows adolescents and adults sharing feelings about puberty. It is especially suited for young junior high students and/ or less sophisticated classes.

We also attempt within this session to provide basic information about reproductive anatomy and physiology, including some aspects of sexuality which are of special concern to young adolescents. Understanding this information provides a good foundation for subsequent lessons on pregnancy, birth, contraception, and venereal disease.

Discussing physical and sexual development with young adolescents can be a great challenge. The teacher can set up a comfortable, self-esteem enhancing environment by modeling a knowledgeable, respectful attitude, and by remaining sensitive to students' feelings of uncomfortableness, confusion, or embarrassment. It is common for young students to cover up embarrassment with silliness which can escalate, making it difficult to accomplish anything thereafter. We have found it most beneficial to stop and deal with this in a caring way by pointing out that usually when people are silly it's because they are covering up other kinds of strong feelings like embarrassment or uncomfortableness. The teacher can then communicate that it is quite normal for students to feel uncomfortable about discussing things in the openness of the classroom. It's okay to have those feelings (the teacher may even want to acknowledge any uncomfortableness on his/her own part in having to teach this area). By acknowledging and accepting the uncomfortableness, a person can choose not to let feelings get in the way of what he/she needs to learn.

In this area above all others, students will need a chance to ask anonymous questions. Be sure to leave an adequate amount of time. Especially when one is limited to a single session on growth and development, avoid overloading students with information and scientific terminology. Concepts and self-acceptance are far more important than labels.

ADOLESCENT GROWTH AND DEVELOPMENT

SAMPLE LESSON PLAN

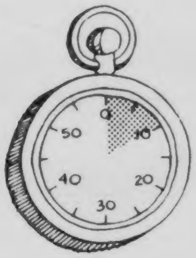
I. BODY CHANGES AND PUBERTY

Purpose: To review information about changes that occur during puberty.

Process: Individual guided fantasy, large group brainstorming and information-sharing

Materials: Blackboard, charts, or slides

Description: See page 105



10-15 minutes

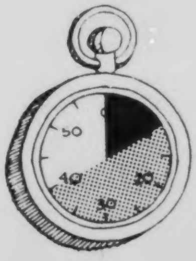
II. MALE AND FEMALE REPRODUCTIVE SYSTEMS

Purpose: To provide basic information on the male and female reproductive system.

Process: Lecture, discussion and information-sharing

Materials: Blackboard or newsprint and marker, charts, slides or film

Description: See page 107



25-30 minutes

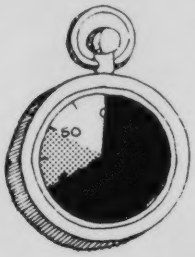
III. ANONYMOUS QUESTIONS

Purpose: To offer students an opportunity to ask questions that they did not feel comfortable asking in the large group.

Process: Anonymous written questions read aloud and answered by teacher or discussed by class

Materials: Small slips of paper, extra pencils, container

Description: See page 109



10 minutes

ADOLESCENT GROWTH AND DEVELOPMENT
Session V

BODY CHANGES AND PUBERTY

Purpose:

The purpose of this activity is to introduce the subject of physical growth and development during adolescence in a non-threatening way which helps students become aware of and more accepting of their own physical growth and development. Information is presented about how and why these changes take place, and reassurance given about the wide range of normalcy.

Time Required: 10-15 minutes

Materials: Blackboard, charts, or slides

Procedure:

1. Explain to students that today's class will cover physical growth and development during adolescence. As an introduction to the subject, you would like them to close their eyes and participate silently while you ask them a series of questions; tell them to make themselves as comfortable as possible. Take two deep breaths and relax:

   A. Imagine that you're looking at yourself in a full-length mirror. Take a good look from head to toe. What's the first thing you notice about your appearance?

   B. Now go backwards in time to when you were 5 years old. See yourself in the mirror as you were at five. Look from head to toe. What do you see? Notice your arms--your legs--are you plump? or thin?

   C. Now look at your face. Notice the expression of your face. How do you feel? Timid? Happy? What's the feeling that shows in your face? Do you like the body you see in the mirror? Do you have any concern about it? Remember these feelings.

   D. Now move ahead in time, getting older slowly until you reach your present age again. Watch the changes in your body. Notice the expression on your face. Does it change? What's happening to your feelings?

   E. Looking at yourself again, from head to toe. What are the changes that are taking place in your body? How are you feeling about the changes happening? Are you pleased? Worried? Do you like the changes?

   F. Now as soon as you feel ready, open your eyes.

2. Ask if anyone would like to share feelings, thoughts or ideas they had when their eyes were closed.

3. Now that the class has gotten in touch with some of their feelings about the changes that are happening within their bodies, lead a short information-giving and information-sharing discussion about the physical, emotional and sexual changes that occur during puberty and later adolescence.

A. Discuss the age at which boys and girls go into puberty.

B. What are the signs/changes that a guy might notice?

C. What are the signs/changes that a girl might notice?

D. Besides physical changes are there any emotional changes that boys and girls go through? If so, what are they? What about relationships with parents? Peers of the same sex? Peers of the opposite sex? Is it different for guys compared to girls?

E. What about sexual feelings? How do guys and girls know if they are attracted to each other? What does it feel like?

F. What is masturbation? Is it normal? Harmful?

G. What are nocturnal emissions (wet dreams)? Are they normal?

H. What are sexual fantasies? Are they normal? Is it normal not to think about sex?

3. In summary, discuss how most everyone has feelings and worries about the changes that are taking place during puberty. Reassure the students that changes take place at different rates for different people. There is a wide range for what's normal--some people mature more quickly than others, some more slowly.

Suggestions:

When discussing some of the more sensitive, potentially embarrassing issues like masturbation and wet dreams, the teacher will probably find him/herself doing most of the talking. An understanding approach, with a sensitive, accepting sense of humor, is very helpful.

Instead of the guided fantasy, another way to get into this area with junior high students might be to ask a question like "Imagine that a being from the planet Mars came to earth and began to study the teenagers (ages 12-14 especially). What might the being notice about their bodies and how they work?" (You can assume the being has x-ray vision.)

MALE AND FEMALE REPRODUCTIVE SYSTEMS

Purpose:

The purpose of this activity is to provide basic information about the male and female reproductive systems, aspects of sexuality (masturbation, wet dreams, etc.) and conception. Students need this information in order to understand successive lessons concerning pregnancy, contraception, pregnancy alternatives, and venereal diseases.

Time Required: 25-30 minutes

Materials: Blackboard or newsprint and marker, charts, slides, or film

Procedure:

1. Have vocabulary words on board before class begins.
2. Point out vocabulary words and explain that these are the terms you will be using in a discussion about the male and female reproductive systems.
3. Give students a mini-lecture, presenting basic information about the male reproductive system, focusing on sperm production and the path of the sperm to the outside of the body. Use the following terms:

   testicles
   scrotum
   vas deferens
   seminal vesicles
   bladder
   prostate gland
   urethra
   penis
   Cowper's glands
   foreskin
   circumcision
   erection
   ejaculation
   sperm
   testosterone

4. Give students a mini-lecture, presenting basic information about the female reproductive system, focusing on the menstrual cycle. Use the following terms:

   menstrual cycle
   menstruation
   uterus
   cervix
   vagina
   ovaries
   estrogen
   progesterone
   Fallopian tubes
   ovulation
   ovum
   pelvic bone
   bladder
   urethra
   clitoris
   labia majora, minora
   hymen

5. Give students a mini-lecture, presenting basic information about how conception takes place, using the following terms and concepts:

erection
sexual intercourse
ejaculation
sperm traveling through Fallopian tubes
timing: life of sperm, life of egg
fetus
twinning: fraternal, identical

Suggestions:

There are commercial slide sets, flip-charts, filmstrips, and films which cover this material well. For junior high, we recommend the film: Human Growth III. Students may express some embarrassment or silliness with the initial presentation of this area. If students have already had some family life education, the mini-lectures can be done as information-sharing sessions by pointing out parts on charts or slides and asking students to give the information. Students should not be judged for using slang terms, but should be encouraged to use and hopefully become more comfortable with the medical terms.

ANONYMOUS QUESTIONS

Purpose:

Anonymous questions is a time when students can ask questions they might have felt uncomfortable asking during the information session. Anatomy and physiology, especially because it deals with the areas of sexuality and body image, tends to elicit a large number of sensitive questions.

Time Required: 5-10 minutes (minimum)

Materials: Slips of paper, extra pencils, container

Procedure: (see description, page 49)

Suggestions:

We have included a few typical questions and possible responses. These are examples of one style of answering questions. A teacher would obviously adjust his/her style as appropriate.

Typical Questions and Responses

IF YOU USE A TAMPON AND YOU PUT IT IN WRONG, WHAT WILL HAPPEN?

The tampon is a small piece of compressed cotton which the female inserts up into the back of the vagina to absorb the menstrual flow. If the tampon is not inserted far enough beyond the sphincter muscles of the vagina, it may not absorb properly and it could also cause some discomfort. In some cases a girl might not understand her anatomy and try to insert the tampon into the opening of the urethra, which is very near the opening to the vagina. This could cause quite a bit of pain and it would not be the proper position for the tampon to absorb the menstrual flow from the vagina. Girls who are having difficulty learning to use tampons should have a talk with someone who can help them: mother, sister, teacher, girlfriend.

WHY DO GIRLS HAVE PERIODS AND BOYS DON'T?

Girls' bodies and boys' bodies have different ways of preparing for parenthood. When a girl begins to develop into a young woman, menstruation is a sign that her uterus is practicing how to prepare for a pregnancy. If a girl isn't pregnant, the lining of the uterus isn't needed, and it gets released during her period. Boys' bodies develop in a different way. When a boy's testicles begin to manufacture sperm, the supply of sperm builds up until it is necessary for them to be released when the boy is asleep. This is called a wet dream. Having periods and wet dreams are good news, because they indicate that girls and boys are growing up, and can become parents someday, if they want to.

DOES IT HURT WHEN YOU HAVE SEXUAL INTERCOURSE?

Normally, sexual intercourse is not painful for either the male or the female.

However, sometimes if either partner does feel pain, it may be caused by some kind of infection involving the sexual organs or urethra or bladder. Pain for the female might also happen the first time or the first few times she has intercourse. This is something that mature people know how to take care of--people who care about each other can learn to make love without hurting each other.

WHAT'S AN ORGASM?

Orgasm is difficult to describe because different people experience it differently and the same person might experience it differently each time. During sexual intercourse or masturbation, physical tension builds up in the body. At a certain point, a person may experience climax or orgasm, a sudden pleasurable release of this tension. In males, orgasm is almost always accompanied by ejaculation of semen.

IS IT POSSIBLE FOR AN EGG THAT GETS FERTILIZED TO GO DOWN WITH THE PERIOD?

Yes, it is possible. Sometimes, even though the egg gets fertilized, it does not successfully implant in a wall of the uterus. If this happens, it will deteriorate and come out with the menstrual flow. The fertilized egg is so small that the woman does not notice it in most cases.

WHAT HAPPENS TO THE SPERM CELL IF IT MISSES THE EGG?

Sperm which do not fertilize an egg are simply absorbed into the woman's body.

HOW DO YOU GET TWINS?

Identical twins are the result of a fertilized egg splitting in two and developing into two babies. Fraternal twins are the result of double ovulation--two eggs released at the same time, or within a few days of each other, fertilized by two separate sperm.

CAN A GIRL GET PREGNANT ON HER PERIOD?

Yes, particularly if she has irregular or short (21-day) cycles.

CAN A GIRL GET PREGNANT THE FIRST TIME?

Yes. It's just as possible for a girl to get pregnant the first time she has sexual intercourse as it is at any other time.

HOW LONG IS THE VAGINA?

The vagina is very flexible since it may need to stretch large enough for a baby to pass down it. That is why it is also called the birth canal. The vagina varies in size--when there is nothing in it, the walls are collapsed in on themselves.

PREGNANCY AND BIRTH

SESSION VI
JUNIOR HIGH

SESSION VI: PREGNANCY AND BIRTH
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Understand fetal growth and development
- Understand the process of childbirth

INTRODUCTION AND APPROACH

Junior high students have a natural curiosity and enthusiasm for learning about pregnancy and birth. They tend to be eager to both question and comment. Discussing fetal growth and development presents a valuable opportunity for enhancing self esteem. The students are all unique because they grow out of a unique combination of egg and sperm. Realizing the miracle of birth is a way for them to better appreciate the miracle of themselves.

Since young adolescents also have great enthusiasm for stories of the bizarre and unusual in pregnancy (like strange birth defects) it is important to replace myth with fact and put the abnormal into perspective. Since time is limited, the teacher should avoid getting off onto tangents -- but at the same time, special sensitivity should be given in discussing such concerns as birth defects and their causes.

Students may express some real fears and concerns about the process of birth. They may have heard stories or seen traumatic birth scenes on television and in the movies. The teacher should emphasize and re-emphasize that pregnancy and birth are normal natural processes, that most pregnancies progress without any serious problem, and that birth is how we all arrived.

We highly recommend the use of visual aides for this session -- especially for fetal growth and development. The use of childbirth films may not be appropriate for some junior high students. Care should be taken in selecting a sensitively done production.

When expanding this program, consider bringing in speakers from local pre-natal classes. Some teachers, in order to increase male interest and involvement in the birth process, have brought in fathers who had been present during the delivery to talk about their feelings. Some teachers, who have been lucky enough to have access to a fetal monitor, have brought it and a pregnant woman in to demonstrate in-utero heartbeat and sounds.

PREGNANCY AND BIRTH

SAMPLE LESSON PLAN

I. FETAL GROWTH AND DEVELOPMENT

Purpose: To provide students with an understanding of fetal growth and development.

Process: Information-sharing and discussion

Materials: Slides or charts of fetal development

Description: See page 115

50
40
30
20
10

15-20 minutes

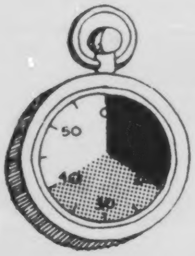
II. CHILDBIRTH

Purpose: To provide students with an understanding of the process of childbirth.

Process: Information-sharing and discussion

Materials: Slides or charts, or film

Description: See page 117



20-25 minutes

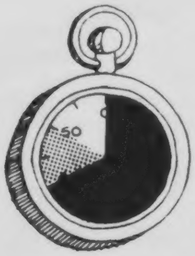
III. ANONYMOUS QUESTIONS

Purpose: To answer any unanswered questions concerning adolescent growth and male and female reproductive systems.

Process: Anonymous written questions read aloud and answered by teacher or discussed by class

Materials Slips of paper, extra pencils, container

Description: See page 119



10-15 minutes

PREGNANCY AND BIRTH
Session VI

FETAL GROWTH AND DEVELOPMENT

Purpose:

The purpose of this activity is to provide students with an understanding of fetal growth and development, including health aspects concerning nutrition, drug abuse and alcohol abuse, etc.

Time Required: 15-20 minutes

Materials: Slides or charts of fetal development recommended.

Procedure:

1. Explain to students that pregnancy is divided into three trimesters (periods of three months). When discussing the first trimester cover such topics as:
    - A. Time when woman can tell she is pregnant
    - B. Definition of embryo and fetus
    - C. Definition and function of placenta
    - D. Need for prenatal care
    - E. Effects of drugs, alcohol, tobacco on developing embryo-fetus
    - F. Approximate sizes and developmental stages of embryo-fetus during first trimester
2. When discussing the second trimester, cover such topics as:
    - A. Time when movement is felt by woman
    - B. Point where sex of fetus is distinguishable
    - C. Approximate sizes and developmental stages of fetus during second trimester
3. When discussing the third trimester, cover such topics as:
    - A. Approximate sizes and developmental stages of fetus during third trimester
    - B. Definition of premature birth
    - C. Odds of newborn surviving at different stages
    - D. Problems associated with premature births
    - E. What full-term pregnancy means

Suggestions:

The use of a flip chart or slides is very helpful. The Spenco Fetal Growth and Development Chart provides clear pictures of the stages of fetal development. Junior High students are fascinated with how the baby develops and grows, as well as the birth process.

Although there are specific topics that need to be covered, it is more useful to students if the process does not become a lecture. As much as possible encourage students to answer questions or share information about topics which you introduce. This helps them incorporate the knowledge as their own and acknowledges the information that they already possess.

CHILDBIRTH

Purpose:

The purpose of this activity is to provide students with an understanding of the birth process. It addresses their interests in how babies arrive, and their concerns about problems like breech birth, Caesarean birth, etc.

Time Required: 20 to 25 minutes

Materials: Slides, flip-chart or film recommended

Procedure:

1. Explain to students that there are basically three stages of labor. The first stage of labor is when the woman begins to feel contractions of the uterus. Topics to cover are:

   A. Purpose of contractions

   B. Definition of effacement and dilation

   C. What nurse, doctor or coach can do during this stage to help women

   D. Length this stage lasts

2. Explain to students that the second stage of labor is when the woman begins to work with the uterus to push the baby out. Topics to cover are:

   A. How the woman can help push baby out

   B. Length this stage lasts

   C. Difference between normal, breech, and Caesarean births

   D. Definition of episiotomy, when and why it is done

   E. Definition of vernix and its function

   F. What nurse or doctor does to help women during this stage

3. Explain that the third stage is when the placenta is expelled from the uterus through the vagina. Topics to cover are:

   A. Use of term "afterbirth"

   B. Need for placenta to be examined

   C. Possibility of women needing stitches

   D. Care of woman and baby at this point

Suggestions:

The use of a childbirth film may be appropriate. The Birth Atlas is extremely helpful in covering the stages of labor. Junior high students have a natural enthusiasm for learning about the birth process. Sometimes students have the tendency to get off onto bizarre tangents with stories about unusual births and abnormal babies. It is important to stay on the subject and to reassure students that most births are entirely normal. Although there are specific topics that need to be covered, it is more useful to students if the process does not become a lecture. As much as possible encourage students to answer questions or share information about topics which you introduce. This helps them incorporate the knowledge as their own and acknowledges the information that they already possess.

ANONYMOUS QUESTIONS

Purpose:

Because junior high students have a lot of questions concerning the changes going on in their bodies and the bodies of their friends, it's important to set aside extra time to answer any unanswered questions concerning the previous sessions' discussions on adolescent growth and male and female reproductive systems.

Time Required: 10-15 minutes

Materials: Slips of paper, extra pencils, a container

Procedure: (See description, page 49)

Suggestions:

We have included a few typical questions and possible responses. These are examples of one style of answering questions. A teacher would obviously adjust his/her style as appropriate.

TYPICAL QUESTIONS AND SUGGESTED RESPONSES

DOES IT HURT WHEN YOU HAVE A BABY?

During labor, the uterus has strong contractions to push the baby out. Women may experience the contractions as pain. There are many alternatives for making birth pleasant for both mother and baby. Sometimes the doctor will give the woman some drugs to ease the pain. Other people prefer to learn to do special kinds of breathing exercises so that they don't need drugs, or so that they only need to use a small amount of drugs.

CAN YOU GET PREGNANT WHEN YOU ALREADY HAVE A BABY IN YOU?

This is very rare, but there have been some cases recorded where a woman was up to about a month pregnant, ovulated again, and had a second baby develop. Sometimes one baby will be born, and the other will not arrive until about a month later. This is very rare, though.

DO WOMEN HAVE FOOD CRAVINGS DURING PREGNANCY?

When a woman is pregnant, vitamins and minerals which are normally stored for her own body's use begin to circulate to help the baby grow. In order to build up her nutritional resources, the brain may send her a message in the form of a craving for foods rich in things like calcium (milk, cheese, ice cream), iron (liver, beans, spinach), protein (meats, eggs), etc.

WHAT IS THE FIRST SIGN OF PREGNANCY?

Usually, the first thing a woman notices is that her period is late. A late period is not always a sign of pregnancy, but if a woman's period is two weeks late, she should see her doctor and find out if she is pregnant or has some other physical condition she and her doctor should know about.

IF A GIRL GETS PREGNANT AT THE AGE OF 12 OR 13, COULD SHE AND THE BABY STILL LIVE?

Although it is risky for young girls to become pregnant, early and good prenatal care increases the odds of a normal delivery and a healthy baby. Any girl who is pregnant or thinks she might be pregnant should see her doctor right away, and this is especially important for a girl who is 12 or 13. Girls this age have had successful pregnancies, but the best time to have a baby from a health point of view is in the mid-twenties.

DO A LOT OF PEOPLE HAVE SIAMESE TWINS?

No, this is pretty rare.

CAN YOU GET PREGNANT IF YOU HAVE NEVER HAD A PERIOD?

Yes. There have been some cases in which a girl had not yet started periods but had sexual intercourse and got pregnant. It is possible that a girl could ovulate or release an egg just before her first period.

IF A BABY IS BORN A MONTH EARLY, CAN IT BE DEFORMED?

It's possible for a baby to have birth defect and to be born premature; however, many premature babies have no birth defects.

IF A PREGNANT WOMAN SMOKES POT, COULD IT HURT THE BABY?

Since smoking pot is illegal, there is very little known about its effects on pregnancy. However, tests with animals are beginning to show that smoking pot during pregnancy may increase chances of fetal death. Any drug taken during pregnancy could be harmful. A woman should not take any drugs during pregnancy without first checking with her doctor.

CAN YOU HURT A BABY (WHILE YOU'RE PREGNANT) BY HAVING TWO DRINKS (ALCOHOL) IN ONE DAY?

A lot depends on the woman and on what kind of drinks they are. In general, we know that alcohol and pregnancy don't mix. When the woman has a drink, her baby has a drink, too, but because the baby's so small, it affects the baby a lot more. Heavy drinkers may give birth to babies with serious birth defects. Alcohol is considered a drug which could have harmful effects on a pregnancy. Therefore, pregnant women should avoid heavy drinking and they should talk with their doctor about how much (if any) alcohol is O.K. during pregnancy.

DECISION MAKING

SESSION VII
JUNIOR HIGH

SESSION VII: DECISION-MAKING
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Become aware of the factors that influence their decision-making
- Increase their skills in examining alternatives and consequences in a given situation

INTRODUCTION AND APPROACH

When students feel good about themselves, when they have a clear understanding of their values, when they have clarified their goals in life, they are far along on the way to being good decision makers.

Good, responsible decision-making is not something that just happens -- it is a process and a skill that must be learned. Unfortunately, for lots of teens, decisions around sexual issues just happen. They don't examine their choices or the consequences, and many times end up making decisions consistent with neither their values nor their goals.

Junior high students are at an age when their intellectual, abstract reasoning skills are rapidly developing. It becomes an important time to introduce activities designed to promote awareness of decision-making and to develop decision-making skills through practice.

We have chosen activities that provide students with practice in making decisions. The teacher's role is to help clarify and explain good decision-making technique. When expanding this session, it would be helpful to include values clarification exercises (since clear values promote clear decisions). It is also important to provide activities that clarify the importance of setting goals. A goal must be clear in order for a person to truly weigh the consequences of various alternatives.

DECISION-MAKING

SAMPLE LESSON PLAN

I. DECISION-MAKING EXERCISE

Purpose: To help students become aware of the factors that influence their decision-making.

Process: Individual exercise followed by small group sharing and discussion

Materials: Cards/paper for each participant, extra pencils

Description: See page 125

0
10
20
30
40
50

30 minutes

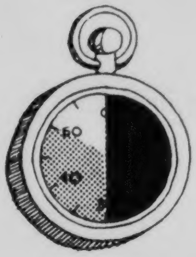
II. CASE STUDIES

Purpose: To give students an opportunity to practice looking at alternatives and consequences to practice making decisions.

Process: Large group exercise/ discussion using case studies

Materials: Case studies

Description: See page 127



20 minutes

DECISION-MAKING EXERCISE*

Purpose:

This activity helps students become aware of the factors that influence their decision-making. It also allows them an opportunity to compare and contrast different styles of decision-making.

Time Required: 30 minutes

Materials: Cards/paper for each student, extra pencils

Procedure:

1. Ask class to think of a decision that they've made in the last year or so. Tell them it doesn't have to be a major decision. Tell them to write that decision on their card/paper. Possible decisions could include:

    - What to do for the weekend or for a vacation

    - Looking for a summer job

    - Who to ask for a certain dance or party

    - What classes to take

    - Spending a birthday check

    - Buying something expensive

2. Ask the group to think for a few minutes to consider all the factors or things that went into that decision. How did you make the decision? Who or what influenced you? Consider all the factors involved - other people, practical considerations, fantasies, personal needs or goals, status needs, "shoulds," and so forth. Then list the 10 things that were most important to you when making that decision.

3. Tell the class to look at their lists and rank those factors in order of importance ("1" - most important, "10" - least important. In thinking about the factors that were important to you, remember to pay attention to your own personal values and standards. Don't worry about how someone else might make the decision or what you think you "should" do.

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*Description adopted from: "A Decision-Making Approach to Sex Education," Planned Parenthood San Francisco/Alameda, 1979.

4. After the students have had about five minutes to make their lists, divide them into groups of 4-5. Ask them to share something about their decision-making process, perhaps two or three of the factors that were most important to their decision. Discuss in small groups:

   - How is your decision-making process similar or different from others in your group?

   - How do you feel about how you make your decisions?

5. Back in a larger group (after about 15 minutes) process with questions such as:

   - Were you surprised by anything in your decision-making process?

   - What kinds of things help you make difficult decisions? block you?

   - What might make it harder to make decisions about sex?

CASE STUDIES

Purpose:

This exercise is a case-study approach to decision-making. It allows students an opportunity to look at the alternatives and consequences in given problem-solving situations.

Time Required: 20 minutes

Materials: Case studies

Procedure:

1. Read aloud a case study (see following examples). You may want to write the names of the characters involved on the blackboard.

2. Ask the class to specifically define/reword/summarize the problem being faced.

3. Ask the class to list the choices the person might have. List them on the blackboard or newsprint.

4. Ask the class what they think the possible consequences of each choice would be.

5. Ask the class what advice they think they should give and why?

6. Repeat with another case study.

7. Once the class has examined a number of case studies, summarize and process the discussion by making the following points:

   a. There are many alternatives for every situation.

   b. Every decision has a consequence.

   c. "No decision" also has a consequence.

   d. The best solution is usually one that is consistent with your own values.

   e. A solution that satisfies someone else will not necessarily satisfy you.

Variation:

Break the class into small groups of 3 to 4 giving each a different case study. Give them 5 - 10 minutes to discuss the situation, look at the alternatives and consequences, and come up with some advice.

Suggested Case Studies*

1. There's a school dance, and your friends aren't going, so you and your best friend Judy have planned a party for that night. Then Judy gets asked to the dance and tells you that she got asked. What would you say?

2. You and your friends are going to the movies and then over to your best friend's older brother's apartment. The last few times there was a lot of drinking and carrying-on, and you felt out of it, being there. Your friends want you to come along, and you have no other transportation.

3. Your friend's cousin shows up with a brand new car. You and your friend pile in for a drive. While riding around, you discover the car has been stolen. What do you do?

4. Your friend comes to you and says that she really likes this guy and she's afraid she's going to lose him if she doesn't do what he wants. He wants to get it on, and she asks you what to do.

5. Your best friend is really attracted to a big football player, but he doesn't notice her. She gets asked out by a real nice guy for Friday night. Lo and behold, the guy she really likes asks her out for the same night. She comes to you for advice. What would you tell her?

6. You have a friend who frequently smells funny. Other friends make jokes about this, and you feel bad for her. What would you do?

7. Your friend tells you that he just found out that he has VD and makes you promise not to tell anyone. What would you say to him?

* These case studies were culled from A Decision Making Approach to Sex Education, Planned Parenthood, Alameda/San Francisco

BIRTH CONTROL AND PARENTING

SESSION VIII JUNIOR HIGH

SESSION VIII: BIRTH CONTROL AND PARENTING
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Explore what it means to be ready to become a parent
- Understand the concept of birth control and reasons why people use it
- Become aware of community resources and laws related to family planning

INTRODUCTION AND APPROACH

There is increasing national concern about the large number of young teens who are facing unwanted pregnancy. Among those teens who choose to be sexually active, there is a high level of ignorance about birth control and a lack of a realistic perspective towards pregnancy and parenting.

We have included activities that help the student think about and clarify the responsibilities of parenting. The session also attempts to take a look at some of the reasons why teens choose to become pregnant -- in the hopes of clarifying that getting pregnant is not the only way to get certain needs met. Part of our reasoning in having students look at pregnancy and parenting is to help them put sexuality, relationships, and birth control into a larger perspective. When a young person contemplates sexual activity, he or she must also contemplate the potential consequences of that decision.

The session also includes a brief activity to introduce the concept of birth control. Junior high students have often heard a fair amount about birth control (though much of it proves to be inaccurate). Since the majority of students will not be sexually active, it is not necessarily appropriate to enter into great detail when discussing methods. But at a minimum, those students who are sexually active and who are at risk of an unwanted pregnancy should be given community referral information to find places where their needs can be discussed in greater depth.

It is extremely important when discussing birth control to make it clear that you are not assuming that the students are or should be sexually active. Teens face enough peer pressure towards having sex without a birth control lecture adding implications in that direction. In the same fashion, be sure to adequately discuss abstinence as a birth control option.

BIRTH CONTROL AND PARENTING

SAMPLE LESSON PLAN

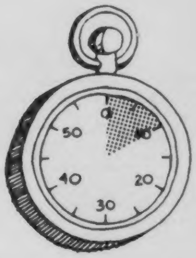
I. BRAINSTORMING READINESS FOR PARENTING

Purpose: To explore what it means to be ready to become a parent. To examine how having or lacking these qualities might influence a person's decision about whether or when to become a parent.

Process: Quick brainstorming and discussion with class as a whole

Materials: Blackboard or newsprint and marker

Description: See page 135



10 minutes

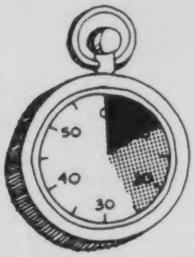
II. ADVANTAGES AND DISADVANTAGES OF TEEN PARENTING

Purpose: To examine reasons why some teens are sexually active and do not use contraceptives.

Process: Small group brainstorming; class discussion sharing group input

Materials: Scratch paper or newsprint and markers

Description: See page 137



15 minutes

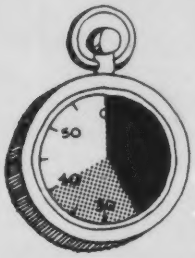
III. METHODS OF BIRTH CONTROL

Purpose: To introduce birth control options and community resources.

Process: Information-sharing

Materials: Blackboard or newsprint and marker

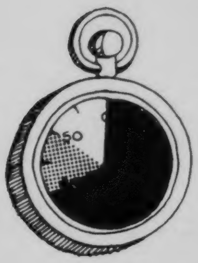
Description: See page 138



15 minutes

IV. ANONYMOUS QUESTIONS

Purpose:	To answer any questions students may have about birth control methods and community resources.
Process:	Anonymous questions
Materials:	Small slips of paper, extra pencils, and container
Description:	See page 139



10 minutes

BRAINSTORMING READINESS FOR PARENTING

Purpose:

The purpose of this activity is to give students an opportunity to explore how a person might decide if he/she is ready to become a parent. By brainstorming qualities, resources, skills needed to be a parent, students can begin to assess personal readiness for parenting. Students can further examine how an assessment of readiness for parenting can influence personal decisions about sexual activity and contraception.

Time Required: 10 minutes

Materials: Blackboard or newsprint and marker

Procedure:

1. Explain the Rules for Brainstorming (see below).

2. Tell the class that they are to brainstorm all the skills, personal qualities and resources needed by someone before he/she is ready to become a parent. Record all responses on the blackboard or newsprint. If the class has a hard time coming up with ideas, toss out a few situational examples (e.g.: What qualities are needed when kids are misbehaving? When they are sick? When they are learning something new? What skills do you need for a baby? for a teen? etc.)

3. Ask how many students feel they are ready to become parents.

Suggestions:

If students bring up birth control during this discussion, it might be interesting to talk about how many love stories presented in books, movies, and television do not present the issue of birth control as a part of the initial romance. Ask students to cite examples of movies or T.V. shows which have dealt with birth control (Summer of '42, James at 16, Saturday Night Fever, All in the Family).

Rules for Brainstorming

The purpose of brainstorming is to help a class generate ideas and seek creative ways to look at issues and solve problems. It is widely used in education and can be very beneficial, particularly in sex education classes, in helping a class look at possible alternatives to problems. Brainstorming is excellent for laying groundwork for constructive discussion.

The class could be broken up into smaller groups of five to seven, though brainstorming will also work with larger groups. The group should have a recorder and either newsprint and felt pens or the use of a blackboard. (In smaller groups, the recorder could use notepaper, but it is best when the whole group can see the ideas as they are being recorded.)

The class should be told that they are to think up as many alternatives or solutions to the presented problem as possible. The following rules should be made explicit:

1. All ideas, no matter how absurd or far out are encouraged. Don't think twice. If you find yourself blocking ideas, you're not brainstorming. Be uninhibited, even if it seems silly or dumb.

2. Don't judge or evaluate other people's ideas. There will be time for that later.

3. The more the better. Think up as many ideas as possible. For this exercise, it's quantity not quality that counts. The quality will come later.

4. Don't be afraid to build on other people's ideas. If someone says something that triggers a slightly different but similar idea, don't hesitate to add it to the list. Modifying old ideas is as good as thinking up new ones.

Give the group 5-10 minutes to generate ideas. Then, either in small groups or together in a large group, have them evaluate their ideas and select the best or most realistic. (Depending on the task, it may not be necessary to evaluate the ideas.)

Brainstorming can be used as a warm-up and strictly for fun (ask them to list all the possible things a couple could do on a Saturday night date), or it can be used to examine choices and values (ask them to list all the possible alternatives an unmarried 16-year-old who found herself pregnant might have).

ADVANTAGES AND DISADVANTAGES OF TEEN PREGNANCY

Purpose:

The purpose of this activity is to examine reasons why a teenager might want a pregnancy. By looking at both the advantages and the disadvantages, students can analyze strategies for achieving the advantages while avoiding the disadvantages.

Time Required: 15 minutes

Materials: Scratch paper or newsprint and markers

Procedure:

1. Divide students into small groups (5 to 7 students each).
2. Ask some groups to brainstorm all the advantages and disadvantages of a teenage girl becoming pregnant?
3. Ask the remaining groups to brainstorm all the advantages and disadvantages of a teenage guy fathering a child?
4. Set a five minute time limit, asking students to record their ideas on newsprint which will later be shared with the class.
5. Have each group share their results.
6. Ask students to compare and contrast the implications of teen pregnancy for guys and for girls.
7. Ask students if there is any way a person might gain all or most of the advantages, while avoiding all or most of the disadvantages--in other words, how could someone get the advantages of a teen pregnancy, without having to get pregnant or get someone pregnant.

Suggestions:

Teacher can divide class up in a variety of ways: random coed groups; guys and girls separated with guys doing the list about guys and girls doing the list about girls; girls doing the list about guys and guys doing the list about girls; coed groups doing both lists, rather than just one.

METHODS OF BIRTH CONTROL

Purpose:

The purpose of this activity is to give a brief introduction to birth control options and community resources. Most students have already been exposed to some information about birth control through women's magazines, newspapers, family, and among peers. This activity is an opportunity to correct misinformation and increase knowledge needed to make responsible decisions about sexual activity and birth control.

Time Required: 15 minutes

Materials: Blackboard or newsprint and marker

Procedure:

1. Explain that teacher is aware that the use of birth control is a controversial subject, and that the purpose of the class is not to encourage anyone to become sexually active or to use birth control, but to simply present some information which may be useful at some point in the future in making a responsible decision about sexual activity and birth control.
2. Define the terms birth control and contraception (Be aware that many students confuse the term birth control with birth control pills.)
3. On the blackboard or newsprint, ask the class to brainstorm all the methods of birth control they have heard about. Add any methods students don't think of.
4. Briefly discuss the methods. Include such information as:
   a. Which methods require a prescription?
   b. Which can be purchased in a drug store?
   c. Which methods are not very effective?
5. Explain the laws related to birth control, particularly as they relate to teens. Include discussions about age, cost and confidentiality.
6. Explain where a sexually active person might go to get birth control in your community.

Suggestions:

Be sure that abstinence is adequately discussed as a birth control option. Because so little time is actually spent discussing birth control, it is important to make sure an adequate amount of time is left for anonymous questions. You might want to pass out scratch paper at the beginning of this session so that students can write down questions during the discussion.

ANONYMOUS QUESTIONS

Purpose:

The purpose of this activity is to give students the opportunity to ask any questions they may have about methods of birth control, community resources, stories they have heard about side effects and long range effects, etc.

Time Required: 10 minutes

Materials: Scratch paper for each student, extra pencils, container

Procedure: (See description on page 49)

Suggestions:

We have included a few typical questions and possible responses. These are examples of one style of answering questions. A teacher would obviously adjust his/her style as appropriate.

Typical Questions and Responses

WHAT IS ABSTINENCE?

Abstinence means making a decision not to have sexual intercourse. When used as a method of birth control, abstinence means not having sex to avoid pregnancy. Abstinence is 100% effective in preventing pregnancy, has no side effects, no long-range effects, doesn't cost anything, also protects against VD. Anyone of any age can use abstinence as a method of birth control.

HOW OLD DO YOU HAVE TO BE TO GET RUBBERS?

In California, anyone of any age can buy condoms or rubbers in a drugstore. A new law in California allows drugstores to put condoms out on display. Before this law was passed, drugstores had to keep condoms behind the counter so that people had to ask for them in order to buy them.

HOW DOES THE FOAM GET OUT OF THE VAGINA?

Most of the foam is absorbed by the body through the vaginal tissues. A small amount of the foam may drip out of the vagina after sexual intercourse.

HOW DOES THE I.U.D. KEEP A GIRL FROM GETTING PREGNANT?

Nobody knows for sure how IUD's work. One theory is that there is a foreign object in the uterus, so that when the fertilized egg comes down the tube into the uterus, it won't stick to the wall of the uterus because there's already something else there. As far as we know, the IUD does not prevent the sperm from getting to the egg (conception), it just keeps the egg from implanting in the uterus.

IF YOU WANT TO HAVE SEX BUT YOU DON'T WANT TO USE BIRTH CONTROL OR GET PREGNANT, WHEN IS THE TIME OF THE MONTH THAT IS LEAST LIKELY FOR YOU TO HAVE SEX AND GET PREGNANT?

There is no absolutely safe time of the month. There are some times in the woman's cycle when she is less likely to get pregnant, but this is an individual thing, and it can vary from month to month. Also, things like dieting, travel, stress, or illness can also affect when a woman ovulates (releases a mature egg).

WILL A FAMILY PLANNING CLINIC TELL YOUR PARENTS IF YOU ARE A TEENAGER AND YOU WANT TO GET BIRTH CONTROL?

Since the decision to have intercourse and use birth control is a very big one, it may be something a person would want to talk over with their parents. If that is something they feel they can't do, according to California state law, they can consent to their own medical care for venereal diseases, birth control, and abortion. Most clinics will give confidential services to people over 12.

WHAT HAPPENS WHEN A MAN HAS A VASECTOMY?

Vasectomy is a sterilization operation for men. It is a method of permanent birth control, so it is most often performed for people who are certain that they do not want any children or any more children. Vasectomy is a simple procedure which can be performed in a doctor's office, clinic, or hospital. The man is given an anesthetic (like Novacaine) in the scrotum, and the doctor makes two tiny incisions on either side of the scrotum in order to find the vas deferens and cut them so that the sperm can no longer leave the man's body. This procedure doesn't affect his hormones, appearance, or ability to have sexual intercourse. He can still ejaculate, but the fluid has no sperm in it. Since sperm are microscopic, there is no noticeable difference in appearance of the fluid (semen) that is released (ejaculated).

WHAT WOULD HAPPEN IF THE RUBBER GOT A HOLE IN IT?

If a condom or rubber has a hole or tear in it, it will not protect from pregnancy. Condoms are rarely defective from the factory, but may be more likely to break if they are exposed to heat (left out in the sun, kept in a wallet for long periods of time, etc.) or vaseline. Lubricated condoms are less likely to break than non-lubricated condoms.

WHAT IS JELLY AND CREAM?

Contraceptive jelly and cream are chemicals designed to be inserted into the vagina before sexual intercourse. Chemicals in these special creams and jellies block the sperm from entering the cervix, and they also kill sperm on contact.

ARE THERE DIFFERENT SIZE RUBBERS FOR BIG GUYS AND LITTLE GUYS?

Condoms come only in one size and can stretch to fit men of all sizes.

HOW DO BIRTH CONTROL PILLS WORK?

The extra hormones in the pill change the woman's hormonal balance so that she does not release eggs. The pill doesn't harm the eggs, it just prevents them from maturing and being released.

PREGNANCY ALTERNATIVES AND VD

SESSION IX
JUNIOR HIGH

SESSION IX: PREGNANCY ALTERNATIVES AND VENEREAL DISEASE
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Acquire basic information concerning adoption, abortion and teen parenting

- Acquire basic knowledge concerning the transmission, symptoms, effects, prevention, and treatment of VD

INTRODUCTION AND APPROACH

In one class session it is impossible to provide more than superficial coverage of these two topic areas, but they are vitally important and should not be ignored. Teens are at extremely high risk of contracting a venereal disease and they have a disproportionately high number of abortions and adoptions. A brief introduction should at least provide students with enough information to allow them to seek help if they need it or seek further information if they have questions or concerns.

Pregnancy alternatives is a sensitive area. Students may have strong feelings about each of the alternatives -- some students may have been adopted, or may be wondering if they were adopted; others may be wondering if they are pregnant, or where to get an abortion; still others may have received strong parental or religious training to oppose abortion. It is important, particularly if only half a class period has been allocated, that discussion be kept on an objective, factual level, avoiding debates. The teacher should remind students that what's right for one person may not be right for another, and choosing from among these alternatives can be a very difficult decision. This session would be a good time to re-emphasize the importance of listening and respecting other people's feelings and opinions. When discussing and presenting information on pregnancy alternatives, be sure to especially cover legal and community referral information.

Junior high fascination with the bizarre can again surface with discussions of VD. Studies indicate that the use of scare tactics in venereal disease education are counterproductive. Therefore we feel it's important to guide discussion around basic information needed to at best prevent and at least deal responsibly with VD if one comes in contact with it. The teacher should watch out for and dispel myths and downplay any sensational horror stories which students may have heard or read about.

We feel that with both the topics of pregnancy alternatives and venereal disease it is better to provide information that will enhance effective problem-solving rather than emphasize the negative aspects of each. Students need to be equipped to avoid such situations and/ or acknowledge and deal responsibly with them if they should occur.

As with the Birth Control and Parenting session, the teacher should be careful not to make any assumptions about whether or not students are sexually active, and should emphasize that the intention of the class is not to encourage or discourage sexual activity, but to present factual information which may be useful to the students (either for themselves or in counseling a friend) at some point in their lives.

PREGNANCY ALTERNATIVES AND VD

SAMPLE LESSON PLAN

I. PREGNANCY ALTERNATIVES

Purpose: To provide basic information concerning the various alternatives to a teenage pregnancy

Process: Large group information sharing and discussion

Materials: Blackboard

Description: See page 145

0
50
10
40
20
30

20 minutes

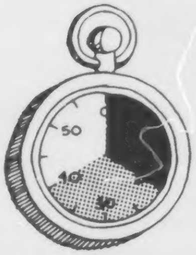
II. VENEREAL DISEASE

Purpose: To provide basic information concerning the transmission, symptoms, effects, prevention and treatment of VD.

Process: Large group information-sharing and discussion

Materials: Optional (slides-film)

Description: See page 147



20 minutes

III. ANONYMOUS QUESTIONS

Purpose: To offer students an opportunity to ask questions that they did not feel comfortable asking in the large group.

Process: Anonymous written questions read aloud and answered by teacher or discussed by class

Materials: Small slips of paper, extra pencils, container

Description: See page 148

10 minutes

PREGNANCY ALTERNATIVES

Purpose:

The purpose of this activity is to provide students with basic information concerning the various alternatives to teenage pregnancy. Students have the opportunity to think out the alternatives.

Time Required: 20 minutes

Materials: Blackboard/newsprint with markers

Procedure:

1. Explain to students that you would like to discuss how a young person or couple might deal with an unplanned pregnancy. Tell them to imagine that a young couple had unprotected intercourse and now the girl thinks she might be pregnant. She does not know what to do. If she went to her parents or a counselor, what kinds of information would they need to give her at this point? Discuss with the class these areas:

   A. Need for early pregnancy test

   B. Types of pregnancy tests and when they can be done

   C. Where to go for a confidential test

   D. Cost of test

   E. Availability of test for minors

   F. Need for counseling with positive or negative test results

2. Tell the class that the girl has now gone for a test and the results were positive (meaning she is pregnant). She is confused and very unsure about how to deal with her unplanned pregnancy. What kinds of things would she need to cover with her parents or a counselor at this point? Discuss with the class these areas:

   A. Types of alternatives available

   B. Laws related to pregnant minors

   C. Brief information about single parenthood

   D. Brief information about marriage

   E. Brief information about adoption

   F. Brief information about abortion

   G. Where to go for counseling

H. Guy's responsibility in situation

3. Briefly discuss with the class how this situation could have been avoided or could be avoided in the future.

Suggestions:

It is important that students do not end up debating these issues. Careful presentation of this material from a factual point of view is necessary.

VENEREAL DISEASES

Purpose:

The purpose of this activity is to provide students with basic information about the transmission, symptoms, effects, prevention and treatment of VD. Young people need this information so that they can avoid VD infection or deal with it responsibly if they should become infected.

Time Required: 20 minutes

Materials: Blackboard or newsprint and markers, slides or film (optional)

Procedure:

1. Explain to students that you want to discuss with them how a young person or couple might deal with having a venereal disease.

2. Ask them to imagine that a guy/girl thinks they have VD. They are not really sure how they got it and are very afraid that their boyfriend/girlfriend will find out. They feel quite embarrassed and ashamed but know they better talk to their parents, a counselor or some other professional.

3. There is certain information the girl/guy would need to be given. Topics to discuss with the class are:

    A. What is VD and how does a person get it?

    B. Laws related to minors and VD

    C. Three main types of VD

    D. Briefly cover possible symptoms of each

    E. Possible long range effects

    F. Effects during pregnancy

    G. Local resources for confidential testing and treatment

    H. Ways it can be prevented

Suggestions:

There are various slide-sets, films and filmstrips which can present this material in an interesting and effective manner. We have used slides and the film, Half a Million Teenagers Plus. This activity could be a good follow-up to a film presentation.

ANONYMOUS QUESTIONS

Purpose:

The purpose of this activity is to give students the opportunity to ask any questions they may have about the various pregnancy alternative and various types of venereal disease.

Time Required: 10 minutes

Materials: Scratch paper for each student, extra pencils, container

Procedure: (see description on page 191)

Suggestions:

We have included a few typical questions and possible responses. These are examples of one style of answering questions. A teacher would obviously adjust his/her style as appropriate.

Typical Questions and Responses

CAN THE GUY KEEP THE BABY IF THE GIRL DOESN'T WANT TO?

It depends on whether or not the guy can give the baby a good home. If the girl agrees to go ahead with her pregnancy and put the baby up for adoption, the guy can apply through the courts to get custody of the baby.

IN ADOPTION, CAN YOU GET THE BABY BACK AFTER A FEW YEARS IF YOU WANT?

No. Adoption is a permanent arrangement. Once the baby is released to its new parents through legal adoption procedures, especially if several years have gone by, the original parents can't get the child back. Adoption laws are written for the protection of the children involved--can you imagine how confusing it would be for a little child to grow up with one set of parents, and then all of a sudden have the original set show up?

HAVE YOU EVER HEARD OF ANY BABY SALES--LIKE A CRIME GROUP SELLING BABIES?

Sometimes there are stories on TV about this, but it doesn!t happen very often. Selling babies is against the law. What happens is that sometimes people get tired of waiting for a baby (it takes years sometimes), so they try to offer money to a pregnant woman to get her to give them the baby through private adoption. This is illegal.

IF A GIRL (13 OR SO) BECAME PREGNANT BY AN OLDER MAN (20's) COULD HER PARENTS PUT HIM IN JAIL? IF SO, HOW WOULD SHE GET CHILD SUPPORT?

In California, it is against the law for an adult male to have sexual intercourse with a minor female. If the young girl gets pregnant, her parents can have the man arrested and put in jail; they can also sue him. However, in most cases it does not work out this way. If the girl goes ahead with her pregnancy and keeps the baby, she can get the father to pay child support, either through private arrangements with the baby's father, or through the local D.A.'s office.

IF A GIRL IS PREGNANT, CAN YOU FIND OUT WHO THE FATHER IS?

In most cases, the girl knows who the father is. In an unusual situation, where a girl has had more than one sexual partner around the fertile time in her menstrual cycle, she may not be certain who the father is. If the baby's father is not revealed by the appearance of the baby, there are blood tests and skin tests which can help figure it out.

IS THERE A LAW AGAINST THE PARENTS THROWING A PREGNANT GIRL UNDER 18 OUT OF THE HOUSE?

Parents are legally responsible for the support of their children until they reach the age of 18. If parents for some reason do not want to have their children at home, they must still financially support them, possibly through a foster home situation. In most cases, when a girl gets pregnant, her parents do not throw her out of the house. There may be some big upsets at first, but when people calm down they can usually work things out, no matter what the girl decides to do about her pregnancy. It can be very helpful to a pregnant girl if her parents know about her pregnancy so that they can help her.

IF A TWELVE YEAR OLD GIRL GOT PREGNANT, COULD SHE HAVE AN ABORTION WITHOUT HER PARENTS' KNOWING?

According to California law, minors can consent to their own medical care for VD, pregnancy, birth control, and abortion. So, it would be possible for a twelve-year old girl to get a free, confidential abortion through some clinics. Even though a legal abortion in the first twelve weeks of pregnancy is pretty safe, it is still a serious medical procedure. A young person considering having an abortion should probably talk with her parents about it so that they can help her.

HOW IS AN ABORTION DONE? CAN IT HURT YOU?

If a girl has an abortion done by a specially trained doctor, and it is done early in the pregnancy, it is very safe. Studies show that there are no increased risks with future pregnancies. Some women feel pain, similar to heavy menstrual cramps, but this varies from woman to woman. The doctor carefully puts a small tube up through the vagina into the uterus. Using a special machine, the doctor is able to use the tube to empty the uterus of the lining (what is normally released with a period) and the fetus (developing baby). This takes about 15 minutes. Afterwards the girl will lay down and rest for about an hour before going home.

ISN'T THE BABY CONSIDERED A LIVING BEING--SO WOULDN'T ABORTION BE CONSIDERED MURDER?

Different people have different opinions about this. Even though abortion is legal in every state, some people feel very strongly that abortion is wrong, and they are working to make abortion illegal. Other people feel that the developing fetus is not a person until it is born and can survive on its own outside of the mother's body. They feel that women should not be forced to go ahead with pregnancies they don't want. What do you think?

HOW MUGH WOULD ABORTION COST IF YOU COULDN'T GET IT FREE? DOES THE GUY HAVE TO PAY?

In California, people under 18 or people who are low-income can qualify for Medi-Cal, which will pay all the costs of the abortion. For people who are over 18 and who can afford to pay, an early-term (up to 12 weeks) abortion costs about $175 to $225.

IS IT POSSIBLE TO GET VD WITHOUT HAVING SEX?

It's pretty rare, but it's possible. It has been estimated that 95% of all cases are transmitted through sexual intercourse with an infected person, however, in some diseases, it's possible to get them just by kissing someone or touching a sore on their body if they have the disease.

WHAT DOES THE SYPHILIS SORE LOOK LIKE?

The chancre varies in appearance, but it is commonly the size of a dime. It looks like it should hurt but usually doesn't. This should make a person suspicious, especially if it appears on the sexual organs or in the mouth. However, the syphilis sore or chancre can appear anywhere on the body. It could be up inside the woman's vagina where she would not see it.

CAN YOU GET VD FROM TOILETS OR DRINKING FOUNTAINS?

No. VD must be passed through close body contact with an infected person. 95% of the time, this is through sexual intercourse with an infected person.

HOW CAN YOU TELL IF YOU HAVE VD?

The only way to know for sure is to see a doctor and get tested. However, any kind of unusual rash or sore involving the sexual organs, pain or burning with urination, pain with intercourse, a discharge from the penis or an unusual discharge from the vagina, unusual cramping or abdominal pain are all signs which should make a person suspicious.

WOULD YOUR BABY DIE IF YOU WERE PREGNANT AND HAD VD?

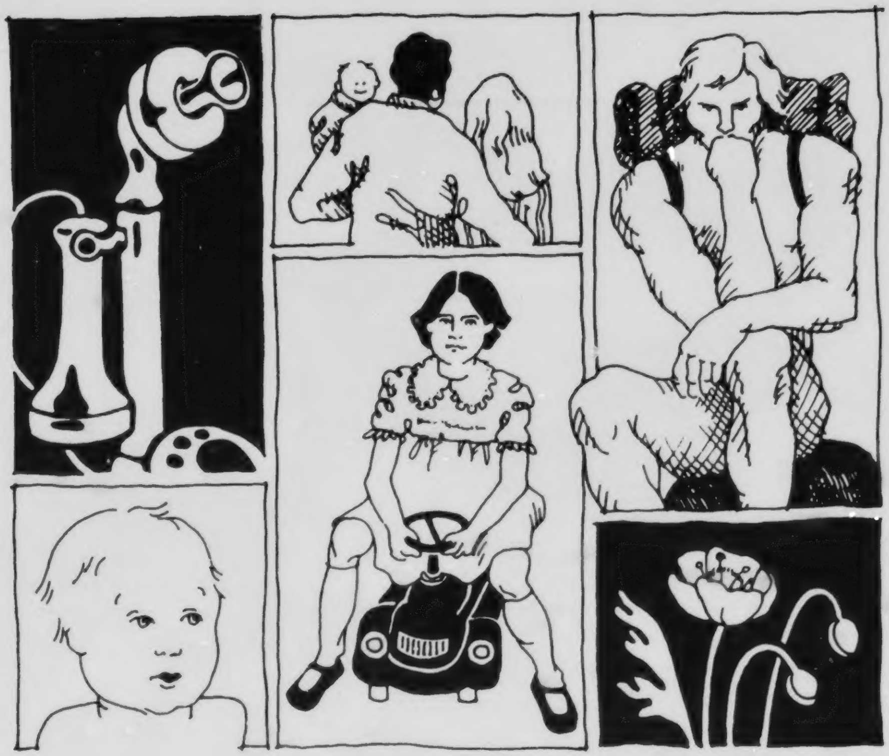
There are some diseases which can cause miscarriages and stillbirths, or which can cause the baby to die shortly after birth. This is one reason why pregnant women need to be especially careful about protecting themselves from VD. Miscarriages and stillbirths can be caused by other problems--not necessarily by VD. If a person had it in the past and were successfully treated, there would be no danger to the baby.

CAN ANYONE AT ANY AGE GET CRABS, SCABIES, AND THINGS LIKE THAT?

Yes. A person doesn't need to sexually active to pick up parasites like crabs or scabies. They can be transmitted just by borrowing an infected person's clothes or sleeping bag.

WHAT HAPPENS IF SOMEONE WHO IS ALLERGIC TO PENICILLIN GETS VD?

Doctors can use alternative antibiotics to treat VD for people who are allergic to penicillin.



REVIEW AND EVALUATION

SESSION X
JUNIOR HIGH

SESSION X: REVIEW AND EVALUATION

OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Examine and review what they have learned during the family life education unit
- Have an opportunity to clarify any remaining questions
- Evaluate the unit and provide feedback to the instructor
- Enhance their feelings of positive self-esteem

INTRODUCTION AND APPROACH

Covering this amount of material within a ten-session program can seem overwhelming at times for both teacher and students. We feel it is helpful to end the program by taking time to review what the group has been through together, to evaluate the level of factual information in comparison with the level of knowledge students had when they entered the program, and to acknowledge increased emotional growth and increased appreciation of each other -- three important ways of bringing the program to a close.

Taking and correcting the post-test is an opportunity for students to review subject areas and ask remaining questions concerning factual material. It is also an opportunity for the teacher to examine areas which may need more emphasis in future programs. Students also seem to enjoy comparing class averages between the pre and post-tests -- it can be an opportunity for the class as a whole to have its' self-esteem raised. It is important to realize and stress that the post-test is not used for grading purposes, but as a way to review and evaluate the program. It is also important to stress that the post-test assesses only the factual parts of the program -- be sure to leave time to discuss the classes' feelings about what they have learned about themselves and about decision-making.

Written and verbal evaluations done by students are invaluable in planning future programs, and it becomes a positive stroke for students to be asked their opinions on how family life education can best meet their needs and those of their peers. If time allows, we recommend that the teacher share some of the students' comments (anonymously) with the class, and that he/she share some of his/her own feelings as feedback for the students.

In keeping with our theme of self-esteem building, we have chosen a final activity which allows students to leave the program feeling good about themselves (and good that they are able to help others feel good about themselves).

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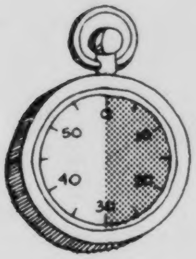
REVIEW AND EVALUATION

SAMPLE LESSON PLAN

I. POST-TEST

Purpose:	To examine and clarify what the class has learned and to evaluate the unit.
Process:	Individual test corrected as a group. Review and summation by instructor.
Materials:	Post-tests, extra pencils
Description:	See page 155



30 minutes

II. EVALUATION

Purpose:	To evaluate the unit and provide feedback to the instructor.
Process:	Individual evaluation sheets and discussion
Materials:	Student evaluations and extra pencils
Description:	See page 161

10 minutes

III. CIRCLE COMPLIMENTS

Purpose:	To enhance students' self-esteem by allowing them to give and receive compliments in a non-threatening manner.
Process:	Large group circle exercise
Materials:	5x7 cards or paper and pencils for everyone
Description:	See page 165

10 minutes

REVIEW AND EVALUATION
Session X

POST-TEST

Purpose:

The post-test helps the students examine and clarify what they have learned during the unit. It serves to reinforce the cognitive aspects of their learning during the course, and it provides the teacher with an evaluative measure of the students' learning.

Time Required: 30 minutes

Materials: Post-tests and extra pencils

Procedure:

1. The teacher introduces the post-test, explaining again that it will be anonymous and that there will not be individual grades.

2. Pass out the tests. Make sure everyone has a pencil.

   NOTE: The Pre/Post test is printed in Session I (page 39).

3. Read over the instructions to the class. Remind them to check off male or female.

4. Explain that if they don't know the answer, or if they are really not sure, they should not guess, but circle D.K. (meaning Don't Know).

5. Give them about 15 minutes to complete the test. (The post-test should go a little faster than the pre-test.)

Correcting the Tests

6. Have the students correct their own tests. (Or, if it's important to keep accurate statistics, have the students hand in their papers, shuffle the tests and hand them out again.) Read off the questions one by one, having the students call out the answers. Clarify the answers when necessary. A detailed, expanded answer key is printed on the following pages.

7. The class results can then be used to determine which sessions were effective in providing cognitive learning, and which areas might need to be reevaluated.

Suggestions:

The post-test serves as a way to review the program material. Spend time clarifying answers and be open to answer any new questions that the test may have stimulated. If there is time, you may want to provide one last opportunity for anonymous questions.

JUNIOR HIGH SCHOOL PRE/POST TEST KEY

1. D Ovulation

2. B Conception or fertilization

3. E Testicles

4. C Uterus

5. T. Emotional "ups" and "downs" are especially characteristic of adolescence because of the increased and fluctuating levels of hormones.

6. T. A person's self-esteem is affected by many things. One primary influence is the input s/he receives from other people. If a person has low self-esteem this can greatly affect many aspects of their life -- such as their goals, relationships, decision-making ability, etc.

7. T. Although penicillin-resistant strains of gonnorhea do exist, penicillin remains an effective and inexpensive treatment in 95-97% of all cases. Syphilis can be treated with penicillin virtually 100% of the time. If someone is allergic to penicillin, s/he would be treated with another antibiotic.

8. T. Any person over the age of 12 can receive treatment for any venereal disease without parental consent (Civil Code, Section 34.5).

9. F. Teen marriages are 2 to 3 times more likely to end in divorce than marriages between persons in their 20's (Alan Guttmacher Institute, 11 Million Teenagers, 1976).

10. T. In 1973, the Supreme Court held that "the right to privacy...is broad enough to encompass a woman's decision whether or not to terminate her pregnancy." All state and federal courts are bound by decisions of the Supreme Court. The Court's summary of this decision is in three parts:

    a. "For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the woman's attending physician."

    b. "For the stage subsequent to approximately the end of the first trimester, the State, in promoting its interest in the health of the mother, may if it chooses, regulate the abortion in ways that are reasonably related to maternal health."

    c. "For the stage subsequent to viability, the State, in promoting human life, may, if it chooses, regulate and proscribe abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother."

Although abortions are legal, this does not guarantee that they will be *available* in any given community. Also, current legislation has resulted in the termination of federal funding for abortions which restricts their accessibility for low-income women.

11. F. Adolescent mothers, who bear 19% of all U.S. infants, have 26% of all low birth weight babies. Low birth weight is a major cause of infant mortality, childhood illnesses, and neurological defects which may involve lifelong mental retardation. In one study, it was found that infants born to teens 18 and younger were 2.4 times as likely to be born with neurologic defects. Babies of younger teens are more than twice as likely to die during the first year of their life as are infants born to women in their 20's. Additionally, teen mothers run significantly higher risks of complications during pregnancy when compared to women in their 20's (Alan Guttmacher Institute, *11 Million Teenagers*, 1976). It is difficult to know how much of the increased risk would be diminished if adequate pre-natal care and nutrition were provided.

12. F. When a teenager under 18 becomes pregnant, she automatically becomes an "emancipated minor." This means that she can legally consent to her own medical care related to pregnancy, as well as make her own decisions to proceed with or terminate her pregnancy. Civil Code, Section #34.5.

13. F. The natural mother has the right to specify (within reasonable limits) the income level, the race, and the religion of the adoptive family, the number of children in the family, and the type of community in which the family lives. Once the child is placed for adoption, the natural parent relinquishes all rights and responsibilities with respect to the child. However, there is increasing pressure to allow an adopted child, once s/he reaches 18, to contact his/her natural parents, provided that the parents consent.

14. F. Most birth defects occur during the first trimester. The first month and a half is an especially crucial period of development, when the embryo grows from a microscopic single cell to an odd-looking being the size of a nickel. During this sensitive period of six weeks, the basic fetal framework is built. Adverse interference at this point can cause gross deformities which may result in fetal death and subsequent miscarriage or stillbirth. Or the baby may survive pregnancy and be born with the defects. Later interference may affect the processes of tissue specialization and growth, resulting in more specific defects.

15. T. Scientists know that alcohol passes through the placenta, the organ which nourishes the fetus. The drink the fetus gets is as strong as the one the mother takes. It is believed that the alcohol adversely affects the baby's fast-growing tissues, either killing cells or slowing their growth. Children of alcoholic mothers are sometimes born with a pattern of birth defects known as "fetal alcohol syndrome." Stillbirths, early infant mortality, and low birthweight occur more frequently among the babies of women who smoke during pregnancy. Many doctors believe that nicotine is directly responsible for stunting

fetal growth. Others suspect that since smoking constricts blood circulation in varying degrees, this may deprive the fetus of adequate nutrients through the placenta.

16. T. However, instances have been documented in which a couple has not (technically speaking) had sexual intercourse where a pregnancy has occurred. In such cases, it was found that semen had been deposited on or near the vagina, allowing the sperm to enter into the woman's reproductive system.

17. T. All three of these methods must be gotten through a doctor or a clinic. The IUD must be inserted by a skilled practitioner, the "pill" needs to be individually prescribed, and the diaphragm must be fitted for each woman. Directions on how to use the method correctly and possible side effects have to be explained.

18. T. Used together, foam (or suppositories) and condoms (rubbers) are 95% effective (actual user rate) (Hatcher, et al, Contraceptive Technology, 1978-1979). Also, there are no restrictions on who may purchase condoms. (Business and Professional Code of California, Section #4319).

19. F. According to the law in California (as of January, 1976), a minor can consent to "hospital, medical and surgical care related to the prevention or treatment of pregnancy..." (Civil Code 34.5 and 25.6). This means that minors can legally obtain contraception (except sterilization) without their parents' consent or knowledge.

20. T. Being clear about and knowing the priority of our values and goals can make the decision-making process easier. If a person does not know his/her values and goals, it can be very difficult for him/her to make decisions.

21. D. (a) Medi-Cal will pay for pregnancy tests; many clinics have sliding scales fees; and doctors may also charge a minimal amount.

(b) Civil Code, Section 34.5. Refer to #19 for explanation.

(c) Urine pregnancy tests are based on the level of HCG (human chorionic gonadotropen) in a woman's urine. This hormone is not present in sufficient amounts to yield reliable results much before this time. The new commercially available pregnancy test kits require that a woman wait until her period is at least 9 days late. However, there is a blood pregnancy test (called Biocept-G) which will give accurate results within 15 days after possible conception.

22. C. (a) If a woman has a short cycle, it is possible that she will ovulate while on her period or shortly thereafter. Even when ovulation occurs after her period, if it is within the 3-5 day life span of sperm, conception may occur. More commonly, however, a woman may mistake irregular or ovulatory bleeding for menstrual bleeding. Thus, assuming that a woman is "safe" when she is on her period, or bleeding, can be a very risky assumption.

(b) Since an egg can only survive for 24-48 hours before it begins to disintegrate and most women ovulate 14 days before their next period, it is not likely a woman would get pregnant right before her period. However, it is possible because many things can throw off ovulation time and women often do not keep track of their menstrual cycles to know when their period is due.

(c) In fact, this is precisely when a woman is most likely to get pregnant. It is interesting that, in spite of the fact that women's cycles vary greatly in length, every woman ovulates roughly 14 days before the first day of her next menstrual period. However, it is difficult to use this information to establish safe days during her cycle, because irregular cycles make pinpointing the first day of the next cycle very difficult.

23. D. (a) Sex roles are socially patterned personality traits and behaviors that distinguish men and women.

(b) The behaviors which are acceptable for men and women are largely determined by social and cultural factors, as illustrated by the fact that acceptable behaviors differ radically from one society to another. Prime examples of this fact may be found in the work of noted anthropologist, Margaret Mead (Male and Female, 1949, and Sex and Temperment in Three Primitive Societies, 1935), as well as in more recent research.

(c) Mead also shows how sex roles can be deliberately cultivated with their importance doubly underscored, or how sex differences can be downplayed and regarded as of practically no importance.

24. B. (a) This is a distractor -- not an actual term.

(b) Sex role stereotyping assumes certain behaviors are appropriate or inappropriate for each sex. Traditionally, men in this society have been seen as stronger and less emotional than women. Crying has been labelled inappropriate for men and is, in most instances, considered a sign of weakness.

(c) Many societies and cultures accept and support a man's ability to display his full range of emotions and feelings, including crying.

25. A. (a) Approximately 95% of all VD is transmitted through sexual intercourse with a person who has VD.

(b) The organisms which cause gonorrhea and syphilis cannot survive outside a warm, moist environment for long. Therefore, these diseases are transmitted almost exclusively by skin-to-skin contact.

26. D. (a) In fact, the birth control pill alters the vaginal mucosa in such a way that increases the likelihood of contracting VD if exposed to it.

(b) It is estimated that the use of condoms would prevent 90% of all VD.

(c) Since VD is almost exclusively transmitted through sexual intercourse, abstaining from sex is a highly effective way to avoid contracting VD.

27. Answers for this question come from Session III, Listening Exercise. Teacher can make decisions as to other appropriate responses. Primary answers are:

(a) Making value judgments while we are listening makes it hard to hear what is being said.

(b) Thinking about our own story keeps us from being able to listen.

(c) Not paying attention, or thinking about something else makes it hard for us to listen.

28. Answers for this question can vary considerably. Teachers will need to use their judgment as to appropriateness of student responses. A list of possible questions can be found in the pamphlet "Am I Parent Material?" by the Organization for Non-Parents. Examples of some questions are:

Can we afford it?
Do we like children?
Do we want to share our life with a child?

29. Answers for this question will be very individual and are limited only by the students' creativity. The essential part is that they contain a put-down. Examples are:

That's stupid.
Quit acting like a girl.(said by guys to guys)
Boy, you're clumsy!

The second part needs to show that a "killer statement" makes a person feel badly about him/herself.

30. Answers may vary on this question. Teachers will need to determine appropriateness of student responses. Some possible answers are:

Jim could try team sports and see if his feelings about them change.
He could get new friends.
He could work at getting his friends into something he's interested in.
He could tell his friends how he feels and see if they can come up with a decision as a group.

EVALUATION

Purpose:

Evaluation should be an integral part of any family life education unit, both to provide direct feedback from the teacher to the student, and to provide documentation of the success of the course to the school administration and/or community.

Time Required: 10 minutes

Materials: Student evaluations, extra pencils

Procedure:

1. Pass out evaluations.
2. Give the students 5-10 minutes to fill them out. Tell the class that if they can't remember an activity they should ask you to quickly refresh their memory (or you could quickly review the first page of the evaluation form before they start.)
3. After the class has filled them out, ask for general comments about the course.

Suggestions:

Since some students will finish the post-test before others, teacher may save time and prevent boredom by passing out evaluations individually as students complete post-tests.

Age ____________

Sex ____________

FAMILY LIFE EDUCATION

FEEDBACK FORM

Junior High Program

1. For each of the following sections, please check (✓) the space which best describes how valuable you feel that day or that activity was for you:

DAY	ACTIVITY	Not Valuable	Somewhat Valuable	Very Valuable	Check if Absent
1	Introduction & Taking Pre-Test				
1&2	IALAC Story				
2	Looking at Myself & Mirror Image Assigment				
3	Listening Exercises				
4	Baby X Story Advantages/Disadvantages of Being Boy/Girl				
5	Guided Fantasy on Adolescent Growth/ Puberty				
5	Male & Female Anatomy & Physiology				
6	Pregnancy & Birth				
7	Decision-Making/ Case Studies				
8	Discussions about Parenting				
8	Birth Control				
9	Pregnancy Alternatives				
9	Venereal Disease				
10	Taking Post-Test & Reviewing Answers				

2. Has this program helped you to understand yourself better?

_____ a little better

_____ a lot better

_____ no difference

3. Has this program helped you to see more good qualities in yourself (or to like yourself more)?

_____ a little more

_____ a lot more

_____ no difference

4. Will what you've learned from this program help you to make better decisions in your everyday life?

_____ a little

_____ a lot

_____ no difference

5. Has taking this program helped you to communicate with your parents better?

_____ a little

_____ a lot

_____ no difference

6. If you had to think of one thing you have learned from this unit that will help you in your everyday life, what would it be?

7. Was there anything you especially liked in the program?

_____ no

_____ yes If yes, what was it?

8. Was there anything you didn't like in the program?

_____ no

_____ yes If yes, what was it?

9. Was there anything in the course that made you feel uncomfortable?

_____ no

_____ yes   If yes, what was it?

10. Do you think this was a good time in your life to get this information?

_____ yes

_____ no   If no, when would you have liked to receive this information?

11. Was there anything that this program should cover which was not covered?

_____ no

_____ yes   If yes, what?

12. Do you have any suggestions for improvement or other comments?

13. Considering everything, how would you rate this course?

_____ excellent

_____ good

_____ average

_____ poor

_____ very poor

CIRCLE COMPLIMENTS

Purpose:

This exercise is a non-threatening device to help students make positive comments towards each other (not always easy for junior high school students or adults) and raise the self-esteem of everyone involved. It also helps to develop a sense of caring, community and group cohesiveness. It is a good way to end a session.

Time Required: 10 minutes

Materials: 5 x 8 cards, pencils

Procedure:

1. Begin by talking about how important it is for people to feel good about themselves: "Because we would like to end this unit on a positive note, we're going to do an exercise where we give each other 'strokes', compliments and positive feelings".
2. Have the class sit in a circle (or divide the class into groups of about ten with each group sitting in a circle).
3. Each student gets a 5 x 8 card.
4. Have student write own name on card.
5. On signal, have the students pass cards to left.
6. On signal to stop, stop and write a compliment about the person whose name is on the top of the card.
7. Keep the cards going around until everyone has received about ten compliments.
8. Once the students have their own cards back, have them write down something nice about themselves.
9. Let the students take their cards and their good feelings home.

I LEARNED STATEMENTS (OPTIONAL)

Purpose:

The purpose behind "I Learned Statements" is to help summarize what has gone on during a particular unit in order to help clarify and reinforce what has been learned. It is also a helpful way for teachers to get feedback (and for students to give feedback) on the value of the day's or week's activities. This exercise could be used at the end of every class period, or after each subject area, or at the end of a longer unit.

Time Required: 5-15 minutes

Materials: Blackboard and/or paper and extra pencils

Procedure:

1. Explain that this exercise is to help them focus on what has been most helpful or significant for them during the learning period. Since we sometimes get much information at once, more than we can possibly remember, it can be advantageous to single out that which is most important.

2. Put the following incomplete sentences on the blackboard and ask the students to think about what they have just learned or relearned about sexuality or themselves or their values. They are to then choose one or two incomplete sentences and finish them.

   I learned that . . .
   I relearned that . . .
   I noticed that I . . .
   I discovered that I . . .
   I realized that I . . .
   I was surprised that I . . .
   I was pleased that I . . .
   I was displeased that I . . .

3. Break the class into groups of three to spend a few minutes sharing their "I Learned Statements" with one another.

4. Ask volunteers to share their "I Learned Statements" with the total class.

Suggestions:

When time is limited, the teacher can simply go around the room asking students to spontaneously (with the option to pass) complete the incomplete phrase.

SENIOR HIGH

GENERAL OBJECTIVES
HIGH SCHOOL PROGRAM

SESSION I: INTRODUCTION

The students will:

- Understand the goals and expectations related to this unit of family life education
- Increase their awareness of and respect for differing values found within society
- Increase their comfort in communicating with their classmates
- Assess their level of information and knowledge concerning family life education

SESSION II: REPRODUCTIVE ANATOMY AND PHYSIOLOGY

The students will:

- Review basic male and female reproductive and sexual anatomy
- Review the menstrual cycle, sperm production and conception
- Review the physical and emotional changes that occur during adolescence

SESSION III: SEX ROLES

The students will:

- Understand the difference between sex roles and gender
- Examine their own definitions of masculine and feminine
- Examine how their lives are affected by gender, sex roles and sex stereotyping
- Become aware of the increased flexibility in sex role expression within our culture

SESSION IV: DECISION-MAKING WITHIN RELATIONSHIPS

The students will:

- Develop and practice skills for responsible decision-making
- Examine some of the attitudes and pressures that influence the decision to become sexually active
- Examine the responsibilities inherent in love relationships
- Discuss and examine the various ways and possibilities of expressing affection within relationships

SESSION V: VENEREAL DISEASE AND COMMUNICATION

The students will:

- Review the modes of transmission, symptoms, and possible effects of venereal disease
- Review methods of prevention and treatment of VD
- Understand the various laws and policies related to VD
- Examine the fears and social attitudes that prevent open communication about VD and, therefore, contribute to the continuing epidemic

SESSION VI: PREGNANCY AND BIRTH

The students will:

- Increase their knowledge of fertility, pregnancy symptoms, and pregnancy testing
- Understand the impact of lifestyle on fetal growth and development
- Understand the process of childbirth and the changing medical and social developments related to it

SESSION VII: TEEN PARENTING

The students will:

- Increase their awareness of the commitments and responsibilities involved in having children
- Examine and clarify their attitudes and values related to parenting

SESSION VIII: PREGNANCY ALTERNATIVES

The students will:

- Review skills for responsible decision-making
- Examine the legal and procedural aspects related to continuing an (unintended) pregnancy and raising a child, placing a child for adoption, and obtaining an abortion
- Examine and compare personal and societal values relating to each of the various alternatives

SESSION IX: BIRTH CONTROL

The students will:

- Examine the issues involved in making a decision to obtain and use contraceptives
- Review available birth control methods and how they work
- Understand the laws, regulations and community resources related to contraceptives

SESSION X: REVIEW AND EVALUATION

- Examine and review what they have learned during the family life education unit
- Have an opportunity to clarify any remaining questions
- Evaluate the unit and provide feedback to the instructor

INTRODUCTION

SESSION I
SENIOR HIGH

SESSION I: INTRODUCTION

OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Understand the goals and expectations related to this program of family life education
- Increase their awareness of and respect for differing values found within society
- Increase their comfort in communicating with their classmates
- Assess their level of information and knowledge concerning family life education

INTRODUCTION AND APPROACH

As with the junior high program, the first session of this family life education unit at the senior high level is crucial in establishing an open, non-threatening, learning environment. Concerns about image and the effects of peer pressure are even greater at the high school level than at junior high. The maturity and greater intellectual capacity of high school students can often be offset by their inhibitions unless an open, accepting classroom atmosphere has been carefully created. High school students (especially males) don't always feel comfortable admitting that they don't know something. They don't want to admit to inexperience. On the other hand, for some, professing too much knowledge may (rightfully or wrongfully) seem to indicate a certain amount of experience which they may or may not feel comfortable sharing. The modeling of the teacher becomes very important. His or her openness will effect the openness of the class members.

This first session is designed to clarify expectations, establish basic ground rules and generally set up an aura of trust and respect. By setting ground rules in the beginning, modeling adherence to those rules, and reminding students of the rules when appropriate and necessary, students will be supported in being responsible participants in the program. At the high school level, discipline should not be a problem. Students cannot and should not be required to take this program - those who are not interested should be provided with alternative assignments.

As at the junior high level, the pre-test provides the students with an opportunity to clarify what they do not know and become more interested in increasing new levels of factual knowledge. (Because the word "test" sometimes inhibits students, some teachers prefer to call it a questionnaire or knowledge inventory.)

Processing the test can be very important at the high school level. Older teens will be better able to articulate their needs. Once they have had a chance to assess their information level with the pre-test, they should be given an opportunity to suggest changes in emphasis for the program.

It needs to be stressed that although this pre-test focuses just on the factual knowledge covered in the program, the actual unit will deal to a major extent with relationships and decision-making within relationships. It is important to emphasize the "non-factual" aspects of the course in order that the pre-test does not create an undue emphasis on the informational content. Some teachers choose to include an informal attendence survey related to self-esteem, decision-making and relationships. Be sure, however, to clearly understand the California education code restrictions on written questionnaires (see Appendix D: Legal Status of Family Life and Related Education in California).

In the interest of insuring a non-threatening environment, the pre-test should be anonymous and graded only for the class as a whole. Reassure them that they are not expected to know all the answers and they should not be discouraged if they find the test difficult.

Aside from its educational purposes, the pre/post tests can be a valuable tool for documenting the cognitive learning of the students. We have found that both parents and administrators tend to be reassured when they have evidence that students are gaining basic factual knowledge.

We have included a very brief ice-breaking exercise that also helps illustrate the concept of an open classroom where opinions are heard, and respected. We suggest, when expanding the program, that it include non-threatening exercises that both enhance self-esteem and establish respect for others' values and opinions. If students can enjoy the first exercises and feel good about themselves, they will be open and enthusiastic for the rest of the sessions.

The Egg Babies exercise is begun the first day and continues through most of the sessions. If it is successfully presented, its novelty and the interest and excitement it creates will positively affect the rest of the program.

We include anonymous questions as a first day exercise because it provides a concrete way of showing students that their teacher is open to their concerns and respects their feelings and opinions. They are sometimes a testing ground, and a teacher can expect to sometimes get difficult questions. By beginning the program with allowing students to ask any questions and make any kinds of comments, the teacher makes a statement of acceptance and reassures the students that s/he will be respectful of their needs.

INTRODUCTION

SAMPLE LESSON PLAN

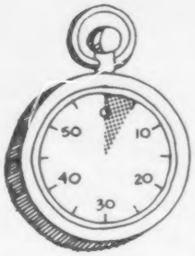
I. PROGRAM OVERVIEW AND GROUND RULES

Purpose: To explain the unit, clarify expectations, and help set climate.

Process: Introductory mini-lecture and discussion

Materials: Blackboard or newsprint with marker

Description: See page 177



5 minutes

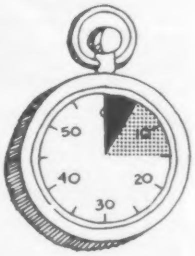
II. OLD LADY, YOUNG LADY

Purpose: To introduce the subjects of values and communication. To illustrate how conditioning influences our perception and how poor listening skills effect communication.

Process: Very quick individual and small group perception exercise followed by large group discussion

Materials: Old lady/Young lady pictures

Description: See page 179



10 minutes

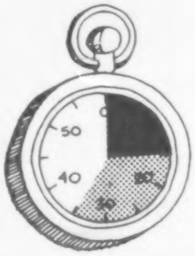
III. PRE-TEST

Purpose: To allow students (and their teacher) to assess their level of information and knowledge concerning family life education. To stimulate their interest in learning more.

Process: Individual tests

Materials: Pre-tests, extra pencils

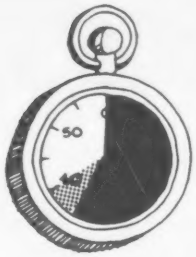
Description: See page 182



20 minutes

IV. EGG BABIES

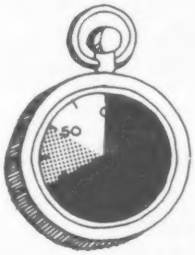
Purpose:	To increase student's awareness of the responsibilities of parenting.
Process:	"Homework" assignment followed by class discussion
Materials:	One egg per student
Description:	See page 189



5 minutes to introduce exercise

V. ANONYMOUS QUESTIONS AND COMMENTS

Purpose:	To provide students with a non-threatening way to express their concerns about the course and ask any pressing questions they may have.
Process:	Anonymous written questions/ comments are read aloud by teacher and discussed by class
Materials:	Small slips of paper, extra pencils, container
Description:	See page 191



10 minutes or longer

INTRODUCTION
Session I

PROGRAM OVERVIEW AND GROUND RULES

Purpose:

Students will be coming into this unit with varying expectations, varying degrees of curiosity and/or embarrassment, and at various knowledge levels. It is important at the beginning to explain the unit, clarify expectations, and begin to set the climate.

Time Required: 5 minutes

Materials: Blackboard or newsprint with marker

Procedure:

1. Present an overview of the course topics. (It can be helpful to place the list of sessions on the board.)

   I. Introduction

   II. Reproductive Anatomy and Physiology

   III. Sex Roles

   IV. Decision-Making within Relationships

   V. Venereal Disease

   VI. Pregnancy and Birth

   VII. Teen Parenting

   VIII. Pregnancy Alternatives

   IX. Birth Control

   X. Review and Evaluation

2. Talk about the rationale for the course -- how sex education can be helpful; how it's important to have clear, accurate information; how it is important to look at issues and clarify feelings before making decisions about our sexuality and our relationships.

3. Clarify the expectations and ground rules that are in effect during this unit.

   --- Students have the option to take an alternative assignment if they do not wish to participate in the family life education unit.

- Students are free to say anything or ask any questions. They also have a right to "pass" and not say anything or answer any questions.
- Students will participate in class discussions with sensitivity and respect for differing points of view.
- Students will not quote each other outside of class.
- Students are encouraged to share their class activities with parents.

Suggestions:

Both as an example of the types of exercises the students will be experiencing and as a simple, fun way of clarifying the ground rules, you might want to ask students to participate in a quick values voting exercise. The technique is quite simple. Reading aloud a list of controversial statements, (Nuclear power plants should be banned; large families are better than small families; etc.) the teacher asks the students to respond by raising a hand if they agree, waving and shaking it if they strongly agree, indicating "thumbs down" if they disagree, vigorously moving it if they strongly disagree, and by sitting with arms crossed if they are undecided. (It is important to start out with non-threatening questions.)

As you explain the exercise, reiterate clearly the ground rules for the program. By presenting such an exercise early in the course, you set the stage for more open sharing while simultaneously reducing anxiety and clarifying expectations.

OLD LADY, YOUNG LADY

Purpose:

This is a quick activity which is used to introduce the subjects of values and communication. It helps clarify how our perceptions are influenced by our conditioning and how what we may see (or feel) is not necessarily what someone else sees or feels. It is designed to help students increase their awareness of and respect for differing values found within society.

Time Required: 10 minutes

Materials: Old Lady/Young Lady pictures (See next page), or transparency and overhead projector.

Procedure:

Teacher passes out Old Lady/Young Lady pictures to all students and asks them to look for everything they can see in the picture without talking. (Alternately, teacher projects old lady/young lady transparency on an overhead projector.) Teacher then poses the following questions and comments:

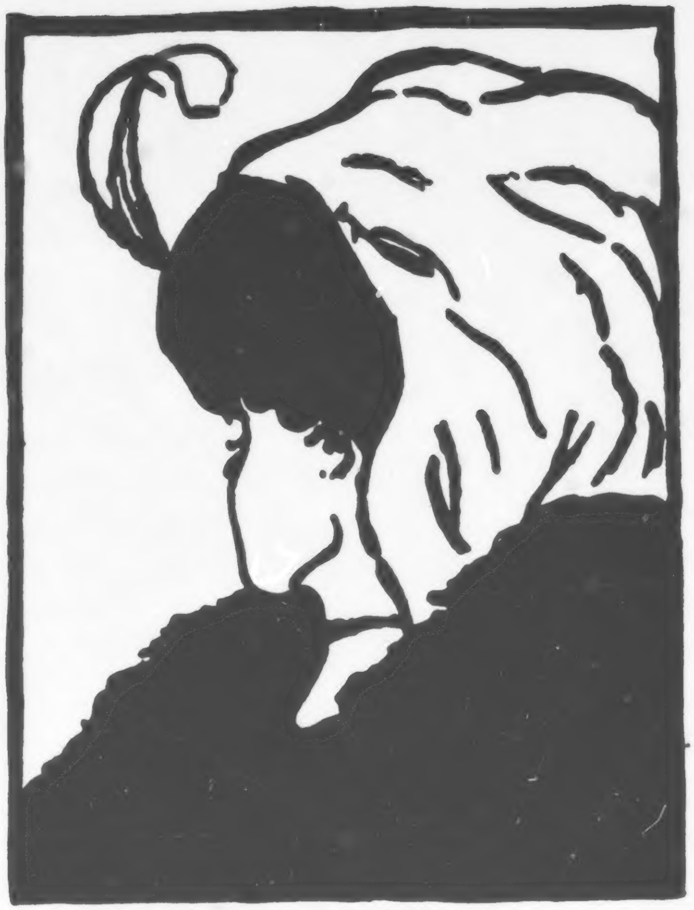
1. What do you see?
2. Does anyone see anything else?
3. Somebody said they see an old lady, someone said a young lady, someone said both. Look around and make sure you all have the same picture.
4. How many see an old lady? How many see a young lady? How may see both? How many don't see both?
5. Look for someone who sees the one you don't, and ask them for help. (Allow students to get up and walk around if necessary. Teacher should circulate and facilitate students seeking and giving help.)
6. How many see both now?

Discussion and Summary:

Teacher explains that in many situations, some of us see one thing, some of us see another. What we see is often influenced by the kinds of experiences we've had in the past. Because we may see things in different ways doesn't necessarily mean that one view is right and the other is wrong. What's right for one person from their point of view is not necessarily right for another person who has a different point of view. Expecially in the areas of feelings and values, people need to respect another person's viewpoint.

The teacher can continue and talk about how when we become too attached to being right and having the right answer, we stop listening to the other person's point of view and end up seeing less (_just_ the young lady, or _just_ the old lady, instead of both). By opening up and allowing ourselves to listen, we gain the richness of seeing more varied and unique points of view.

1974-75 Training Materials
Planned Parenthood/San Francisco/Alameda and Sacramento



THE PRE-TEST

Purpose:

There are a number of reasons for using a pre-test. It is a way for the teacher to assess the information level of the students and adjust the program accordingly. When used in conjunction with a post-test, it allows some evaluative measure of the cognitive learning of the students. More importantly, the pre-tests allow students to discover what they do and don't know, clarifying for them that the class will offer new information and motivating them to want to learn more.

Time Required: 20 minutes

Materials: Pre-tests and extra pencils

Procedure:

1. The teacher should introduce the pre-test by explaining that it will be anonymous, that there will not be individual grades, and that the test will only be corrected in order to come up with a class average. The teacher should tell them that this test can be a way for them to find out what they know and don't know. It should probably be mentioned that the students shouldn't worry if they don't know a lot of the answers - most students don't at the beginning of the course.
2. Pass out the tests - make sure everyone has a pencil.
3. Read over the instructions to the class. Remind them to check off male or female. (The class is always interested in finding out which sex did better on the test.)
4. Explain that if they don't know the answer, or if they're mostly not sure, they should not guess, but circle DK. (Meaning: Don't Know)
5. Give them about 15-20 minutes to finish the test.

Evaluation of Tests:

After class, correct tests. (A simple answer key is on page 188. An expanded answer key with detailed explanations can be found in the Review/Evaluation, Session X, page 333.) Compile them for the class as a whole. If there appear to be areas where students seem to score really well or really poorly, the teacher may want to adjust the curriculum accordingly. Save the test scores for comparison with post-test scores at end of unit.

If possible, report test scores to students during the next class. Compare the male and female score results for them. Point out where they seem to have done well and also point out where they seem to need the most improvement.

INTRODUCTION
Session I

General Comments:

The pre-test is designed to be used without being graded. This 10-session program is presented for the students' personal benefit, and although much formal information is presented, the real value is in the personal experience of exploring self, gaining enhanced self-esteem, and practicing communication, listening, and decision-making skills. If the students are concerned about scoring well on the post test, they may be frantically taking notes instead of exploring what is important to them personally.

Male _____

Female _____

FAMILY LIFE EDUCATION
SENIOR HIGH SCHOOL PRE/POST TEST

SECTION I: TRUE/FALSE STATEMENTS

In this section, circle the answer to the left of the statement.
If you think the statement is true: circle the T
If you think the statement is false: circle the F
If you don't know the answer: circle the DK

T F DK 1. The vagina is the place inside a woman's body where a fertilized egg implants to grow into a baby.

T F DK 2. A woman can get pregnant the first time she has sexual intercourse.

T F DK 3. Increased hormone production, beginning with puberty, is responsible for physical, sexual and emotional changes during adolescence.

T F DK 4. 80 - 90% of sexually active couples who don't use birth control become pregnant within one year's time.

T F DK 5. A woman is least likely to get pregnant if she has sexual intercourse about two weeks before her next period.

T F DK 6. A woman can get pregnant if she has sexual intercourse during her period.

T F DK 7. Recent studies show that one out of ten teenage women gets pregnant each year in the U.S.

T F DK 8. If a woman thinks that she may be pregnant, she must wait until her period is two weeks late to get an accurate urine pregnancy test.

T F DK 9. The use of alcohol and tobacco during pregnancy increases the risk of birth defects, miscarriages and other complications.

T F DK 10. Studies show that the majority of teens regularly use a reliable method of birth control if they have sexual intercourse.

T F DK 11. In California, a person must be 18 to buy condoms.

T F DK 12. Abstinence (not having sexual intercourse) is the only method of birth control which is 100% effective and has no medical side effects.

T F DK 13. During intercourse, if a man withdraws before he ejaculates (comes), the woman will not get pregnant.

T F DK 14. Foam and condoms (rubbers), when used right every time, are as effective in preventing pregnancy as the birth control pill.

T F DK 15. In California, teens (under 18) need their parent's permission to get birth control from a doctor or clinic.

T F DK 16. Some cases of gonorrhea and syphilis are caught by contact with dirty toilets, drinking fountains and swimming pools.

T F DK 17. If the symptoms of VD disappear by themselves, no treatment is necessary.

T F DK 18. Having VD is like having the German measles: once you've had it, you can't get it again.

T F DK 19. Pregnancy is the number one cause of high school drop-outs for females.

T F DK 20. Teenage parents, because they settle down earlier, are likely to get better jobs and make more money than those who settle down later.

T F DK 21. According to the law, when a young man turns 18 he becomes financially responsible for any children he may have fathered before he was 18--even if he was not married to the mother.

T F DK 22. Teenage mothers have a suicide rate many times higher than the national average.

T F DK 23. Teenagers, because they are so healthy, have fewer risks of miscarriage and birth defects in their babies.

T F DK 24. Abortion is still illegal in some states of the U.S.

T F DK 25. A woman under 18 needs her parent's permission to have an abortion in California.

T F DK 26. In order to get an abortion during the first three months of pregnancy, a woman must go into the hospital for one to three days.

T F DK 27. Under the law, parents can force a teenage girl to give her child up for adoption.

T F DK 28. Sex roles are mostly determined by biological factors beyond our control.

T F DK 29. Mothering is a skill determined mostly by heredity.

T F DK 30. It is estimated that less than half of U.S. high school students have had sexual intercourse.

SECTION II: MULTIPLE CHOICE

Answer the following questions by circling the best choice. Please don't guess: circle the letter which corresponds to "I don't know" if you are unsure of the answer.

31. It is possible to have sexual intercourse on Monday and to get pregnant on Friday:

    a. because an egg can live inside the female reproductive system for 3 to 5 days.
    b. because sperm can live inside the female reproductive system for 3 to 5 days.
    c. only if the couple has sexual intercourse again on Friday.
    d. I don't know.

32. Common symptoms during pregnancy include:

    a. a missed period and cravings for special foods.
    b. nausea and weight gain.
    c. frequent urination and breast tenderness
    d. both "a" and "b".
    e. all of the above.
    f. I don't know.

33. An important factor which contributes to the current epidemic of gonorrhea in this country is:

    a. treatment for gonorrhea is expensive and doesn't work very well.
    b. teens under 18 need their parent's permission to get treatment and, therefore, many don't get treatment.
    c. ignorance and shame keep many people from getting treatment right away.
    d. both "b" and "c".
    e. I don't know.

34. Two common forms of VD prevention include:

    a. abstinence and the use of condoms.
    b. abstinence and the use of birth control pills.
    c. the use of condoms and the use of birth control pills.
    d. I don't know.

35. The symptoms of gonorrhea and syphilis:

    a. are often absent or hard to notice in the early stages of the disease (especially for women).
    b. include painful sores on or near the sex organs which look like little blisters.
    c. are very similar because syphilis and gonorrhea are simply different stages of the same disease.
    d. I don't know.

36. Which of the following statements is most accurate?

a. An I.U.D. is simple to use, very effective and has no serious medical side effects.
b. A diaphragm is an effective method of birth control and has no serious medical side effects.
c. A vasectomy is a very effective method of birth control which can now be easily reversed by doctors.
d. The "pill" is easy to use and 100% effective.
e. I don't know.

37. Adoption laws:

a. allow the natural mother to visit with her child.
b. allow the natural mother to choose what kind of family her child will go to.
c. don't give the natural father any choice in the adoption decision.
d. I don't know.

38. Recent information on divorce in the U.S. tells us that:

a. a teen marriage is about as likely to succeed as any other marriage in these difficult times.
b. a teen marriage is more likely to succeed because young people are less set in their ways and find it easier to adjust to married life.
c. a teen marriage is less likely to succeed than a marriage between older persons.
d. I don't know.

39. Gender can best be defined as:

a. a person's biological sex (male or female).
b. behavior which society feels is appropriate for males and females.
c. a social identity given to a person by his or her parents.
d. I don't know.

40. All of the following statements are true, except one. Which one?

a. Professional counseling for an unplanned pregnancy is available to minors only when they have their parents' permission.
b. Professional counseling for an unplanned pregnancy is one way to get the factual information necessary for making a good decision.
c. Professional counseling for an unplanned pregnancy is available free of charge from many community agencies.
d. I don't know.

41. Both men's and women's lives are often affected by traditional sex roles. The effects of traditional sex roles are shown in each of the following examples, except one. Which one?

a. A teenage boy won't take a dance class because he's afraid of being called a "sissy" by his friends.
b. A man takes a leave of absence from his work so that he can share with his wife the responsibilities of their newborn baby.
c. A teenage girl stays at home rather than invite a boy she likes to a dance.
d. I don't know.

SIMPLE ANSWER KEY: PRE/ POST TEST

1. F
2. T
3. T
4. T
5. F
6. T
7. T
8. T
9. T
10. F
11. F
12. T
13. F
14. T
15. F
16. F
17. F
18. F
19. T
20. F
21. T
22. T
23. F
24. F
25. F
26. F
27. F
28. F
29. F
30. T
31. B
32. E
33. C
34. A
35. A
36. B
37. B
38. C
39. A
40. A
41. B

Note: Expanded answer key with detailed explanations on page 327.

EGG BABIES

Purpose:

This week and a half-long activity is designed to help students become aware of the implications of parenting.

Time Required: 5 minutes for introduction, assignment lasting about 7-8 days, 15-20 minutes for final wrap-up.

Materials: One egg per student marked with some type of identifying stamp.

Procedure:

1. Tell the class that they will have an opportunity to participate in an exercise that will give them a chance to see what it feels like to be a parent.

2. Ask them: "If a baby were to come into your life right now, under whatever circumstances (pregnancy, left on your doorstep, out of a cabbage patch, from Mr. Stork, etc.), how many of you would be willing to give parenting a try?"

3. Have everyone who raised a hand stand up and give them each an egg.

4. Tell them that: "Each of you has just received your own little baby egg. For the next 7 days you will be totally responsible for your own little bundle of joy. That means you will have to keep it warm and dry and protect it from mishaps. It means you have to know where it is at all times. No fair leaving it in the refrigerator, or in your locker, or in your car - you have to treat it as if it were really a little baby. (Actually,this will be a lot easier than having a real baby, because you won't have to feed it, change it, or get up with it in the middle of the night.) You must also take it with you wherever you go, unless you are willing to hire a babysitter. (Make sure if you do, that they treat your egg like a real baby). You are required to bring your "baby" to class every day, and we will take a minute or two to talk about what your experiences have been like. I want you to think about how your life would change if you actually had a baby to take care of, how you feel about the baby being totally dependent on you, and whether or not you have the ability to be a really good parent at this time of your life."

5. Wish them well.

INTRODUCTION
Session I

Processing the Exercise:

During the week, before the day they turn their egg babies back in, ask them questions such as:

1. Where are your babies?
2. How has it been going?
3. Have you made any changes in the way you go about your daily life because of your baby?
4. How are you feeling about your baby (both positive and negative)?
5. Do you see yourself any differently?
6. How is your family reacting to your assignment?

Final Process Session:

During the teen parenting session, spend about 15 minutes helping the students process the exercise. Suggested discussion questions include:

1. How many of you still have your babies? Any casualties? What happened?

2. How did you feel about this assignment? What was the hardest part of being a parent? What was the best part? What kinds of qualities do people need to have to be good parents? What kind of a life style?

3. What do you feel you learned from this assignment? If you had to do it all over again, would you have taken the egg the first day we handed them out?

4. Etc.

Suggestions:

There is a difference of opinion whether the egg should be raw or hardboiled. Some teachers feel that a raw egg enhances the concept of the fragility of a child and underlines the need for care and vigilance when taking care of a baby. Others, for practical purposes, find that a hard-boiled egg works almost as well without creating the inherently dangerous situation of putting a raw egg into the hands of a young teen. You can decide.

It is recommended that the teacher also participate in this exercise, or at least try it out for a day or two before presenting it to the class. If there is time, you might want to give students a few minutes to "personalize" their egg by drawing faces, etc., on to them. One teacher we know glued half pink bows and half blue bows to the tops of the eggs, then put them bow-side down in their egg cartons. Students had to take whatever sex "baby" they got.

While leading the final discussion you might want to note and guide discussion around the difference in the guys' versus the girls' attitudes toward the assignment.

ANONYMOUS QUESTIONS

Purpose:

Often students have questions about sexuality that they are either too afraid or too embarrassed to ask. They may be concerned that the other students or teacher may think they are stupid, or that it may become obvious that they have had more (or less) sexual experience than they want others to know about. The anonymous questions technique provides students with a non-threatening way to ask questions and express feelings. It also can be extremely important in establishing the rapport and trust which is a vital part of the classroom environment for family life education. By being open to answering students' questions, by being willing to admit when s/he doesn't know an answer (but committed to finding out), and by being knowledgeable and credible when s/he does know, the teacher models the type of behavior that can make for a succesful class.

At various times throughout this program we have included Anonymous Questions as part of the sample lesson plan. Most of the students' questions will generally focus on the content of the individual day's lesson plan, though the teacher should make it clear that the students may ask questions about any of the topic areas.

The purpose of anonymous questions during this first Introduction session is to set up an atmosphere of acceptance and to make a clear statement that the teacher will respect the students' needs and concerns.

Time Required: 5-15 minutes

Materials: Slips of paper, extra pencils, a container

Procedure:

1. Pass out slips of paper to everyone in class.
2. Ask the students to write down any questions, comments or feelings they may have. The teacher should make it clear that they are welcome to ask anything they want (except personal questions directed at the teacher), and that there is no such thing as a dumb question.
3. In order to prevent those with pressing questions from feeling uncomfortable, strongly encourage all students to write something on their slip of paper. Most everyone will come up with something if you give them enough time.
4. Collect the papers. (It is helpful to pass an open container to insure confidentiality.)
5. If time permits, read through questions before beginning to answer - both to sort out duplicates and to avoid being caught by surprise.
6. The teacher has the option to read questions/comments or to paraphrase - just make sure the student's meaning doesn't get lost in the translation.

7. If you don't know the answer to a question, tell them that you will find out and get back to them.

8. If you feel uncomfortable with a question, be honest about it and say so. Students will respect that. You may want to refer "advanced" questions or personal questions to another source (i.e., a doctor, Planned Parenthood, a book in the library, etc.).

Note for the Introductory Session:

At the first session of the unit, since you are trying to elicit comments about the course and/or previous sex education experiences, state that the students can write any of the following:

1. Questions about any of the topics to be covered in the course.
2. Questions about anything from the pre-test.
3. Comments on the topics that they want the teacher to be sure to cover.
4. Comments about sex education they have had in the past (i.e., What they liked/didn't like).
5. Comments about their first impressions of the unit and any suggestions for improvement.

INTRODUCTION
Session I

MESSAGES ABOUT SEXUALITY (optional)

Purpose:

This activity is designed to begin the practice of self-disclosure at a relatively safe level and to begin the trust-building process. It is also designed to help students become aware of and practice active listening skills.

Time Required: 15 minutes

Materials: None

Procedure:

1. Divide the students into dyads.

2. Ask students to choose one person to be the talker and the other the listener.

3. For first activity, listeners should be attentive and show silent encouragement to the talker but must remain absolutely silent.

4. Talker will begin and at the end of 2 minutes, time will be called. Students reverse roles and new talker has 2 minutes.

5. Students choose one of these topics to talk about:

   a. What are the first feelings you remember about being a girl or boy?

   b. What messages about sex and sexuality do you see in the media? How do you feel about these messages?

   c. What has your religion taught you about sexuality?

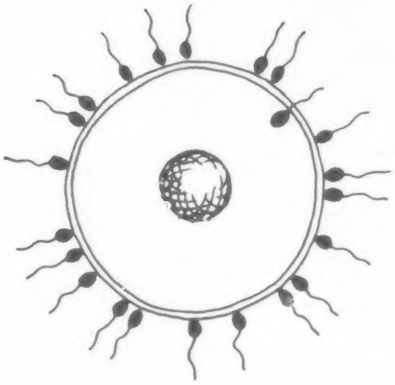
6. For the second activity, listeners are instructed that after the talker finishes they will repeat back to the talker what s/he has just said. If the listener does not get the information correct, the talker will state some of it again and the listener will repeat it again.

7. Talker will begin and at the end of one minute, time is called. One minute is allowed for repeating and correcting information. Students then reverse roles and new talker begins.

8. Students are instructed to talk about: If they ever had children, what kinds of messages would they want their child to receive about sex and sex education?

9. After the whole activity is completed, ask people to talk about how it felt to be a listener in activity #1, how it felt to be a talker. Ask them to compare that experience to activity #2.

10. Ask them to share any other feelings or comments about the activities.



REPRODUCTIVE ANATOMY AND PHYSIOLOGY

SESSION II
SENIOR HIGH

SESSION II: REPRODUCTIVE ANATOMY AND PHYSIOLOGY
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Review basic male and female reproductive and sexual anatomy
- Review the menstrual cycle, sperm production and conception
- Review the physical and emotional changes that occur during adolescence

INTRODUCTION AND APPROACH

An understanding of reproductive anatomy and physiology is essential preparation for later sessions on pregnancy and birth, contraception and venereal disease. Since high school students sometimes come into this session with a lack of enthusiasm (because they may feel they know it all and have had it all before), it can be helpful to let them brainstorm and clarify the reasons why an understanding of anatomy and physiology is important. Many times they have a great deal of interest, especially when the sexual aspects of the reproductive system is covered, and need only permission to relearn the information.

Though there is very little time in this class session, we feel it is necessary to at least briefly discuss some of the common sexual concerns that teens have (masturbation, wet dreams, sexual fantasies). These are sensitive areas both for students and for the community. The teacher should be straightforward, reassuring, and present the material in a factual manner. He/she must also make it clear that different people have different points of view about the acceptability and morality of such things as masturbation and sexual fantasy.

Since some of the students may feel embarrassed, the teacher may want to mention how it is quite normal for students to sometimes feel uncomfortable about discussing such topics in the openness of the classroom. It's okay to have those feelings. (The teacher may even want to acknowledge any uncomfortableness on his/her own part in having to teach this area.) By acknowledging and accepting the uncomfortableness a person can choose not to let feelings get in the way of what he/she wants to learn.

We have designed most of this session to be reviewed with information-sharing as the approach. How much information is shared and how much is presented by the teacher will depend on the previous education of the students. Avoid overloading the students with information. Concepts and self-acceptance are more important than labels and scientific terminology.

In this area above all others, students will need a chance to ask anonymous questions. Since among their peers it may not be acceptable to be ignorant about anything related to sex, anonymous questions provides them with a safe, peer-pressureless way to have their questions answered. Be sure to leave an adequate amount of time.

REPRODUCTIVE ANATOMY AND PHYSIOLOGY

SAMPLE LESSON PLAN

Before Class: Write selected vocabulary on board or newsprint

I. BRAINSTORMING REASONS TO UNDERSTAND ANATOMY AND PHYSIOLOGY

Purpose: This exercise allows students to "buy into" the need to understand reproductive anatomy and physiology.

Process: Large group brainstorming and discussion

Materials: Blackboard or newsprint and markers

Description: See page 202

0
10
20
30
40
50

5-10 minutes

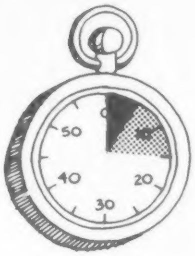
II. INTRODUCTION TO HUMAN SEXUALITY

Purpose: This discussion allows students to review the physical, emotional and sexual changes that occur during adolescence.

Process: Information-sharing and discussion

Materials: (Optional: slides, charts, film)

Description: See page 204



10 minutes

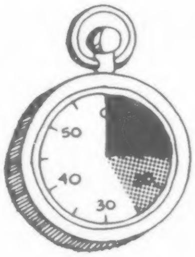
III. ANATOMY GROUP DRAWING

Purpose: To review basic male and female reproductive and sexual anatomy, while providing students with an opportunity to interact with one another and assess their knowledge level.

Process: Small group drawing

Materials: Newsprint and markers

Description: See page 206

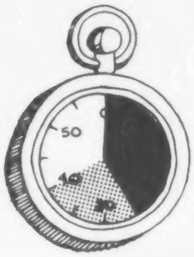


10 minutes

REPRODUCTIVE ANATOMY AND PHYSIOLOGY

SAMPLE LESSON PLAN
(continued)

IV. MALE AND FEMALE REPRODUCTIVE SYSTEMS



15 minutes

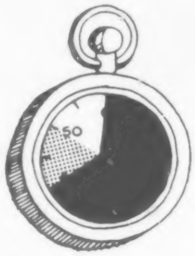
Purpose: To review the male and female reproductive systems.

Process: Large group information-sharing

Materials: Student group drawings (See above) and charts or slides

Description: See page 208.

V. ANONYMOUS QUESTIONS



5-10 minutes

Purpose: To offer students an opportunity to ask questions that they did not feel comfortable asking in the large group.

Process: Anonymous written questions read aloud and answered by teacher or discussed by class

Materials: Small slips of paper, extra pencils and container

Description: See page 210.

SUGGESTED VOCABULARY LIST

Purpose:

By seeing vocabulary on the board, the students will have a visual understanding of the spelling and pronunciation of the words the teacher will be using during the class.

Time Required: Done before class

Materials: Blackboard

Procedure:

1. Have vocabulary words written on board before class begins. Select vocabulary based on your information-sharing/discussion plans. Example:

   - puberty
   - adolescence
   - hormones
   - testosterone
   - estrogen
   - progesterone
   - erection
   - "wet dreams"
   - masturbation
   - testicles
   - sperm
   - scrotum
   - foreskin
   - vas deferens
   - seminal vesicles
   - ejaculation
   - bladder
   - prostate gland
   - Cowper's glands
   - menopause
   - urethra
   - penis
   - glans penis
   - circumcision
   - pelvic bone
   - clitoris
   - labia majora
   - labia minora
   - vagina
   - hymen
   - uterus
   - fallopian tubes
   - ovaries
   - cervix
   - ovum
   - menstruation
   - ovulation
   - conception
   - embryo
   - fetus
   - pregnant

2. As class begins, explain that the words are on the board because they will be used during the day's lesson.

3. (OPTIONAL - See selective translations, page 213.)

BRAINSTORMING REASONS TO UNDERSTAND ANATOMY AND PHYSIOLOGY

Purpose:

There is sometimes a feeling, particularly among older teenagers, that they already have enough information about anatomy and physiology. In order to deal with this potential resistance, it can be helpful to spend a few minutes brainstorming with the students to allow them to "buy into" the need to understand reproductive anatomy and physiology.

Time Required: 5 minutes

Materials: Blackboard or newsprint

Procedure:

1. On the board or newsprint write "Reasons to learn about anatomy and physiology."
2. Explain the Rules for Brainstorming (see below).
3. Have the class brainstorm all the reasons they can think of that it might be helpful or valuable to learn anatomy and physiology.
4. After a few minutes, summarize the reasons. You may want to make sure that at least these three reasons have been included:
    a. Basic information needed to understand pregnancy, birth control, VD, etc., to be covered in this program.
    b. Vocabulary needed to communicate comfortably with doctor if medical care involving reproductive system is needed.
    c. Vocabulary needed to learn more about sexuality through independent study.

Rules for Brainstorming

The purpose of brainstorming is to help a class generate ideas and seek creative ways to look at issues and solve problems. It is widely used in education and can be very beneficial, particularly in sex education classes, in helping a class look at possible alternatives to problems. Brainstorming is excellent for laying groundwork for constructive discussion.

The class could be broken up into smaller groups of five to seven, though brainstorming will also work with larger groups. The group should have a recorder and either newsprint and felt pens or the use of a blackboard. (In smaller groups, the recorder could use notepaper, but it is best when the whole group can see the ideas as they are being recorded.)

The class should be told that they are to think up as many alternatives or solutions to the presented problem as possible. The following rules should be made explicit:

1. All ideas, no matter how absurd or far out, are encouraged. Don't think twice. If you find yourself blocking ideas, you're not brainstorming. Be uninhibited, even if it seems silly or dumb.

2. Don't judge or evaluate other people's ideas. There will be time for that later.

3. The more the better. Think up as many ideas as possible. For this exercise, it's quantity not quality that counts. The quality will come later.

4. Don't be afraid to build on other people's ideas. If someone says something that triggers a slightly different but similar idea, don't hesitate to add it to the list. Modifying old ideas is as good as thinking up new ones.

Give the group 5-10 minutes to generate ideas. Then, either in small groups or together in a large group, have them evaluate their ideas and select the best or most realistic. (Depending on the task, it may not be necessary to evaluate the ideas.)

Brainstorming can be used as a warm-up and strictly for fun (ask them to list all the possible things a couple could do on a Saturday night date), or it can be used to examine choices and values (ask them to list all the possible alternatives an unmarried 16-year-old who found herself pregnant might have).

INTRODUCTION TO HUMAN SEXUALITY

Purpose:

This information-sharing discussion reviews the physical, emotional and sexual changes that occur during adolescence. This activity is used to help students gain increased understanding of aspects of developing sexuality. Common concerns regarding normal rates of development, menstruation, erections, feelings of sexual attraction and development of fertility are discussed.

Time Required: 10 minutes

Materials: (Optional - slides, charts, film)

Procedure:

1. Ask students to define puberty and adolescence. Discuss the differences between the two.

2. Discuss male and female sex hormones and their effects. Topics to cover are:

   A. Male hormone - name, where produced

   B. Female hormones - names, where produced

   C. Physical effects of male hormones during adolescence

   D. Physical effects of female hormones during adolescence

   E. Effects hormones can have on emotions in males and females

   F. Approximate age males and females become fertile

3. It is important to briefly mention/discuss some aspects of developing sexuality which are relevant to teenagers. Topics to cover are:

   A. Many different rates of growth and development are normal

   B. What erections are; how they happen; spontaneous erections in adolescence

   C. What wet dreams are; normal to have or not have

   D. What masturbation is; various values about it; medical point of view

   E. What sexual fantasies are; various values about them; differences between fantasy and reality

   F. Various normal times for people developing sexual feelings

REPRODUCTIVE ANATOMY AND PHYSIOLOGY
Session II

Suggestions:

The topics covered in this session are very sensitive and can be embarrassing to students. Although it may be hard to have a discussion, it is important to include students as much as possible so their concerns and questions can be addressed. We have used a slide presentation (with "human interest" shots of teens at school, some cartoons and anatomy illustrations) to help facilitate the presentation and discussion of this material. Students seem to appreciate the anonymity of a darkened classroom when material such as masturbation and wet dreams are covered. An understanding approach, with a sensitive, accepting sense of humor, is very helpful.

ANATOMY GROUP DRAWING

Purpose:

This activity is a fun way to get the students to work together to find out how much they know (and don't know) about male and female reproductive anatomy. It usually serves to motivate the students to learn more during the information-sharing section of the lesson plan.

Time Required: 10-15 minutes

Materials: Large sheets of newsprint, felt pens, or crayons, and a chart or handouts of the male and female reproductive systems.

Procedure:

1. Break the class up into groups of five to seven persons. Give each group newsprint and a felt pen.

2. On the blackboard list the following organs:

Female	Male
Vagina	Penis
Cervix	Scrotum
Uterus	Testicles
Fallopian Tubes	Vas Deferens
Ovaries	Prostate Gland
Labia majora	Glans Penis
Labia minora	Seminal vesicles
Clitoris	Cowper's glands
Bladder	Urethra
Urethra	Bladder

3. Tell each group that they are to make a cross-sectional drawing of the male anatomy and female anatomy, including in their drawings all the parts listed on the blackboard. Tell them they will have 10 minutes to complete both drawings. Reassure them that they will not be judged on their artistic ability.

4. When 10 minutes are up, place accurate drawings of the female/male reproductive system on the board and discuss the discrepancies. Find out which sex was easier to draw. Discuss how they felt about "drawing sex organs."

5. Use this exercise to begin male and female anatomy and physiology discussion.

Suggestions:

This exercise could be done by individuals rather than in groups. The group experience, however, can help in the building of trust and sharing within the classroom. For another variation, or if short on time, the class could be broken up into same-sex groups with each group making either a male or female drawing. Group should be given special "strokes" for attempting the more difficult task of doing the male reproductive system since students are more likely to have had previous school programs covering only female anatomy - rather than both male and female anatomy.

REVIEW OF MALE AND FEMALE REPRODUCTIVE SYSTEMS

Purpose:

Since most students are already somewhat familiar with terms and processes, this material can be presented through information-sharing as a review. By encouraging students to participate they can be given "credit" for what they already know, and the teacher can have an opportunity to correct any misinformation and fill in gaps in information. Using the vocabulary will help students become better able to communicate within relationships or in a medical setting.

Time Required: 15 minutes

Materials: Student group drawings, charts, slides

Procedure:

1. There are basically three areas that need to be covered: Male Anatomy and Physiology, Female Anatomy and Physiology, and the process of conception (including a brief discussion of sexual intercourse). The teacher should concentrate on the following questions, terms and definitions (where possible, soliciting information from the students):

   A. Where do sperm develop in the male body? What path do the sperm take to reach the outside of the body?

   In the course of this discussion, bring out the identification of the following organs and their functions:

   testicles
   scrotum
   vas deferens
   seminal vesicles
   bladder
   prostate gland
   urethra
   penis
   Cowper's glands
   foreskin
   circumcision
   erection
   ejaculation
   sperm
   testosterone

   B. What is the menstrual cycle? Beginning with menstruation, explain the processes which occur during the cycle, including the following terms and their definitions:

   menstrual cycle
   menstruation
   uterus
   cervix
   vagina
   ovaries
   estrogen
   progesterone
   Fallopian tubes
   ovulation
   ovum
   pelvic bone
   bladder
   urethra
   clitoris
   labia majora, minora
   hymen

C. What is necessary for conception to take place? Include the following terms and their definitions:

- erection
- sexual intercourse
- ejaculation
- sperm traveling through Fallopian tubes
- timing: life of sperm, egg
- zygote, blastocyst, embryo, fetus
- twinning: fraternal, identical

Suggestions:

Sometimes students will be hesitant to volunteer information for fear of making mistakes -- it can be difficult for young people to admit lack of knowledge in this area. Since students are less likely to have received previous presentations on male reproductive anatomy, it is important that they be given the time and the support to gain a clear understanding of this information.

ANONYMOUS QUESTIONS

Purpose:

Anonymous questions is a time when students can ask questions they might have felt uncomfortable asking during the information session. Anatomy and physiology, especially because it deals with the areas of sexuality and body image, tends to elicit many sensitive questions.

Time Required: 5-10 minutes (minimum)

Materials: Slips of paper, extra pencils, container

Procedure: (See description, page 191)

Suggestions:

We have included a few typical questions and possible responses. These are examples of one style of answering questions. A teacher would obviously adjust his/her style as appropriate.

Typical Questions and Responses

WHAT CAUSES TWINS?

Identical twins result when the fertilized egg cell divides in two and the membrane which should hold the two cells together fails. This is not inherited--it may be environmental. Fraternal twins happen when the woman ovulates twice, (usually the second egg is released within 24 hours of the first one) and each egg is fertilized by two separate sperm. This is why fraternal twins can be different sex and are not identical. This kind of twinning does run in families.

DOES IT HURT THE FIRST TIME A GIRL HAS SEXUAL INTERCOURSE?

The feelings a woman has the first time she has intercourse are very individual and are affected by her emotions. How she feels about her decision to have intercourse can affect how she feels physically. In many women there can be some pain the first few times they have sexual intercourse. This can be caused by having a very small opening in the hymen which will get stretched or torn the first few times. The amount of pain varies from woman to woman, but in a caring relationship it's usually only a temporary problem. Continued pain would indicate the need to see a doctor.

CAN A DOCTOR TELL IF YOU'VE HAD INTERCOURSE?

No. Many women are born without a hymen, and most have some sort of opening in the hymen, otherwise the menstrual blood would not be able to leave the vagina. Occasionally, there is a woman who has a hymen which completely closes off the vagina, but most of the time it gets torn or stretched open gradually in sports activities long before first intercourse.

WHAT HAPPENS IF YOU MASTURBATE TOO MUCH?

It depends on how you define "too much." For some people, who feel that masturbation is wrong or immoral, once is too much. For other people, masturbating too much would simply mean getting tired or bored. From a strictly medical point of view, it is not physically harmful. Some religions or families believe that all masturbation is wrong or immoral. A person taught these values may experience guilt if they were to masturbate.

WHAT'S AN ORGASM?

Orgasm is something that's difficult to describe, because different people experience it differently, and the same person can experience it differently from time to time. A general definition for both men and women is a pleasureable release of physical tension which builds during sexual intercourse, masturbation, or sexual dreams. Most of the time, men experience orgasm when they ejaculate.

WHAT HAPPENS IF A WOMAN HAS SEX DURING HER PERIOD?

She might get pregnant if she's not using birth control. Some people find it unpleasant, while others seem to prefer it. From a medical point of view, it will not harm the man or the woman.

WHEN IS A GIRL MOST LIKELY TO GET PREGNANT DURING HER CYCLE?

Young women tend to have irregular cycles for the first few years, so it's difficult to say when they could get pregnant. If they're irregular or have short cycles (21 days or less between periods), they can get pregnant ANYTIME, including during their periods! A more mature woman, who has regular periods is more likely to get pregnant during the second and third weeks of her cycle, but ANYTHING'S POSSIBLE!

WHAT IF A WOMAN STOPS HAVING PERIODS--CAN SHE STILL GET PREGNANT?

Yes. If a woman misses one or more periods, she should get a pregnancy test if she is sexually active. If she is not sexually active, she should still see her doctor to find out if there's a problem.

EXACTLY HOW DO PEOPLE HAVE SEXUAL INTERCOURSE?

A lot depends on the individual couple. It's very difficult to give an accurate description because there are probably as many different ways of making love as there are people. Most people learn about sexual technique from close friends, books, and each other. Some religions determine what's o.k. and what isn't. Individual people have their own likes and dislikes. From a medical point of view, whatever both people agree on is probably o.k., unless it hurts or injures one or both partners in some way. Generally, in a caring relationship, neither person will do anything to hurt the other one, and whatever comes naturally is probably just right for that particular couple.

HOW OLD SHOULD YOU BE TO HAVE SEX?

First off, it depends what you mean by "sex." There are many different ways for people to express their sexual feelings--from holding hands to engaging in intercourse. If you mean how old should you be to have intercourse--well, by law, people who have sex under age 18 are engaging in what's called "unlawful intercourse." Aside from legal considerations, it's more a question of maturity than age. There are plenty of so-called adults who aren't emotionally mature enough to handle sex responsibly. Be that as it may, many researchers feel that the average teen is not ready for sex. This is because having sexual intercourse involves a special kind of closeness or intimacy which can be pretty scary for someone who is not sure of who they are yet. To be ready for intercourse means being ready to take responsibility for birth control, for the possibility of an unplanned pregnancy, for the feelings of the other person, and for the feelings of other people (like parents) who are concerned about you. Each person has to decide what is morally o.k. for them since they will have to live with that decision.

WHY DO GUYS GET TURNED ON MORE THAN GIRLS DO?

It may seem like guys are more interested in sex or have more sexual feelings than girls, but this has more to do with myths than facts. The media can give people the impression that young men have only one thing on their minds, but this isn't necessarily so. It's just that socially it's more acceptable for men to express sexual feelings. If a man brags about being promiscuous he may be admired for it. If a woman does the same thing she will probably be put down for it. Research shows that the things that turn men on are much simpler than what arouses women. While most men can get excited by a picture, or a thought, or by dancing, women seem to need something more, like atmosphere and some kind of romance. This also may be the result of what we call sex role conditioning.

SELECTED TRANSLATIONS (OPTIONAL)

Purpose:

This activity helps to demystify clinical vocabulary which will be used throughout the program. It can inspire interest in mastering the vocabulary, as well as in the concepts included in the reproductive anatomy and physiology lesson plan. If students understand the meaning behind the foreign-looking and sounding words, they may be more comfortable in adapting this vocabulary.

Time Required: 10-20 minutes

Materials: Blackboard and chalk, newsprint and pens, etc.

Procedure:

1. Begin by explaining that many people are not aware that much of the medical vocabulary used to discuss reproductive anatomy and physiology comes from ancient Latin and Greek everyday language.

   If we can translate some of these words we can get a better understanding of what these words mean, and in some cases get a sense of how attitudes toward sexual anatomy have changed or remained the same down through the centuries.

2. Translate any combination of the following terms:

hormone	(Greek)-	to excite
testis (testicle)	(Latin)-	witness, "seat of manliness"
sperm	(Latin)-	seed
vas deferens	(Latin)-	carrying off vessel
penis	(Latin)-	tail, little pencil, artist's brush
circumcision	(Latin)-	to cut around
labia majora	(Latin)-	greater lips
labia minora	(Latin)-	lesser lips
vagina	(Latin)-	sheath, scabbard
uterus	(Old English) -	belly, abdomen, hollow place
cervix	(Latin)-	neck
menstrual	(Latin)-	monthly

Suggestions:

Time varies according to how many terms the teacher chooses to explore. Recommended minimum includes: penis, vagina, cervix, testis. Teacher can expand this activity by asking students what they notice about the attitudes of ancient Romans and Greeks toward sexual anatomy, and how these attitudes compare with those of contemporary times.

SEX ROLES

SESSION III
SENIOR HIGH

SESSION III; SEX ROLES
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Understand the difference between sex roles and gender
- Examine their own definitions of masculine and feminine
- Examine how their lives are affected by gender, sex roles and sex stereotyping
- Become aware of the increased flexibility in sex role expression within our culture

INTRODUCTION AND APPROACH

In the last decade there has been a major expansion in role choices for both men and women. There is an increased range of possibilities in the expression of one's sexual role. Increasingly, the distinction between "masculine behavior" and "feminine behavior" is becoming less clear. For teens, these changing role patterns offer both confusion and opportunity. It can be the role of the teacher to help students examine these changes, clarify their feelings, and make choices consistent with their values.

The first part of this session begins by helping students clarify the concepts of gender, sex roles, and sex stereotyping. Especially during the teen years, the rigid stereotyping that peer pressure creates can lead to conflict for students who are in the midst of exploring and defining their near-future adult roles. Teens who are pressured into rigid sex role behavior may not be reflecting their true feelings and desires. Many experts agree that it is the pressure, anxiety and confusion about sex roles that is the main issue in most problems related to sexuality. Male pressure to perform, female pressure to have children, male pressure to keep feelings inside, female pressure to be sexy but non-sexual, etc., are all factors in high rates of unwanted pregnancy, abortion, divorce and sexual dissatisfaction.

This session also provides students with an opportunity to examine how sex roles affect our relationships and our lives. The case study approach allows students to explore alternative ways of reacting and dealing with common situations where proper sex roles may be an issue. The exercise also looks at how sex roles and attitudes toward sex roles vary over time.

When expanding this section, choose activities that help students understand that their "role" in life is something that they themselves can determine. A teenage guy does not have to be sexually experienced and always sexually aggressive in order to be masculine. A teenage girl does not have to repress assertiveness or passively submit to pressures from an aggressive male in order to be feminine. Teens, as well as adults, have choices. Becoming more aware of the meaning of sex roles helps students become more aware of their choices.

SEX ROLES

SAMPLE LESSON PLAN

I. STEREOTYPE VOTING

50
10
40
20
30

10-15 minutes

Purpose: To introduce the concept of sex role and sex stereotyping.

Process: Large group discussion

Materials: Blackboard or newsprint

Description: See page 219

II. SEX ROLE CASE STUDIES

35 minutes

Purpose: To examine how sex roles affect the ways people deal with themselves and others. To clarify how sex roles change over time.

Process: Case studies discussed in large group

Materials: Case study handouts

Description: See page 220

STEREOTYPE VOTING

Purpose:

This activity helps students become more aware of their definitions of masculinity and femininity. By sharing their assumptions with each other they can compare ideas and explore sex role stereotyping.

Time Required: 10-15 minutes

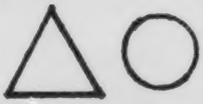
Materials: Blackboard or newsprint and pens

Procedure:

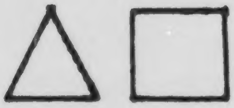
1. Explain to students that in order to understand how sex roles affect our lives, we need to take a look at how we define masculinity and femininity; and what some of our automatic assumptions may be that could influence self-image and relationships with others.

2. Draw the following pairs of figures on the board/newsprint and ask students to vote which figure they would label masculine and which they would label feminine (majority rules).

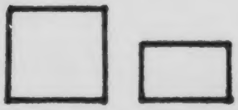
A.



B.

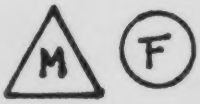


C.

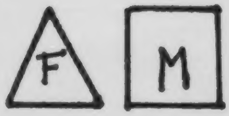


3. Most groups give these results:

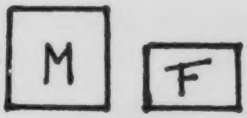
A.



B.



C.



4. If class results are the same as or similar to Step 3, tell students that most other groups of varying ages get the same results.

5. Ask students how they made their choices with each pair, pointing out what they reveal about their definitions of masculinity and femininity.

Suggestions:

The teacher should be careful not to make any assumptions about how students will respond. Try not to have any expectations which can interfere with polling students about the paired figures. There are no right or wrong answers in this activity.

SEX ROLE CASE STUDIES

Purpose:

This activity is designed to help students examine how sex roles affect the ways people deal with themselves and others. It also serves to show how sex roles vary over time.

Time Required: 35 minutes

Materials: Case studies

Procedure:

1. Hand out a list of about 5 case study situations (see list on following page). Have each student answer 2 questions for each situation:

   - How would you react to this situation now?

   - How would people have reacted to this situation 20 years ago? (Give them a few minutes to think about their answers.)

2. (Optional - if you have extra time: Break the class into groups of 4-5. In their small groups have them share their answers and see if they can come up with a consensus.)

3. As a large group, discuss how the students reacted to the situations. Ask for volunteers to comment and explain why they reacted the way they did.

4. Also, ask them how they thought people would have reacted to the situation 20 years ago.

   - What is the difference?

   - What do they think has caused the change?

   - Do they think the changes have been for the better?

5. After discussing the specific situations, you may want to present some more generalized questions:

   - What do you think of the Women's Movement?

   - Who has it better in our society, men or women?

   - Is it good that sex roles are changing? How might it be detrimental?

   - Etc.

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Examples of Case Studies:

1. Mike is about to ask a girl, Laura, out for the first time. He plans to go out for pizza and then go to a movie. Mike's not sure if he should offer to pay her way on their date, or if he should just assume they'll go dutch treat. What should he do?

2. Mr. and Mrs. Jones have two little boys. Louie, age 6, and Larry, age 4. Louie has decided that a Barbie doll that a visiting cousin left behind is his favorite toy. Mrs. Jones is a little concerned about Louie's choice in playthings. What should she do?

3. Jennifer has been interested in Bob for the last few months. She thinks he might have an interest in her (she picked up some subtle hints), but he seems too shy to ask her out. She has thought about calling him and asking him to go to a movie, but she's afraid of being pushy. She wants to go out with him, but how?

4. Your daughter just came home and told you she is going to take an auto mechanics training course at the junior college. She wants to get a job at the Volkswagen repair center. How do you react?

5. Your son is very interested in dancing. He just found out that the P.E. Department is going to offer a modern dance class next semester. He really wants to take the class, but he knows he probably will be the only guy in the class, and thinks he'll feel funny. How do you react?

6. Your best friend, John, wants to go to nursing school after he graduates from high school. How do you react?

7. Your older sister, Sally, is a 26-year-old teacher. She has a boyfriend, but she says she's never going to get married, and doesn't want to have any kids. What do you think?

8. Your wife is a graphic artist, and she just got offered a job that pays more than you make. She wants you to stay home with the kids, while she works. How would you react to that?

BECAUSE I AM . . . IF I WERE . . . (OPTIONAL)

Purpose:

This activity explores the advantages and disadvantages of being male or female in our society. It also helps further clarify sex role stereotyping.

Time Required: 15-20 minutes

Materials: Newsprint and markers

Procedure:

1. The class is divided into small same-sex groups of 5-7.
2. Each group is given two large sheets of paper and a felt pen.
3. They are instructed to brainstorm all the responses they have to the sentence stem "Because I am a guy I must . . ." for the males and "Because I am a girl I must . . ." for the females.
4. When they have completed the first list they then brainstorm "If I were a girl I could . . ." for the males and "If I were a guy I could . . ." for the females.
5. The groups are brought back together and the lists are hung on the wall, read and discussed.
6. The teacher can elicit responses to questions such as, "Which of these are the most powerful in controlling your behavior?", "Which of these do you enjoy?", or "Which of these do you find the hardest to live with?"
7. The exercise can be concluded by having the students write an "I wonder..." or "I learned" statement.

Suggestion:

Guys seem to need special support and encouragement to participate in this activity. Make it clear that, just because they are brainstorming about how their lives would be different if they were female, it doesn't mean that they wish to be female. If you make this a part of general class discussion, be prepared to deal with feelings about homosexuality.

SEX ROLES AND THE MEDIA
(Optional Homework Assignment)

Purpose:

This homework assignment examines how television portrays male and female sex roles and allows students an opportunity to discuss the influences of the media on sex roles and sex role stereotyping.

Time Required: 10-20 minutes for processing

Materials: none needed

Procedure:

1. Have students watch a few hours of prime time television and record their observations regarding the content of programming, focusing on the following questions:

    A. Are men able to show feelings of sadness or fear?

    B. Are women rewarded for intelligence as well as beauty?

    C. Are both men and women pictured as clever and able to rely on their own strength to solve problems?

    D. How many shows have a woman as the main character?

    E. Are fathers and husbands shown in activities such as keeping house and taking care of children?

    F. Are women shown working at a wide variety of jobs outside the home?

2. Follow up this assignment by discussing the students' answers to the questions. Encourage the students to analyze the effects of sex stereotyped television programming on their ideas of what men and women should be.

Adapted from The Guidebook for Teaching Family Living, Lynne De Spelder and Nathalie Prettyman, Allyn and Bacon, Boston, forthcoming 1979.

DECISION MAKING WITHIN RELATIONSHIPS

SESSION IV
SENIOR HIGH

SESSION IV: DECISION-MAKING WITHIN RELATIONSHIPS
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Develop and practice skills for responsible decision-making
- Examine some of the attitudes and pressures that influence the decision to become sexually active
- Examine the responsibilities inherent in love relationships
- Discuss and examine the various ways and possibilities of expressing affection within relationships

INTRODUCTION AND APPROACH

Decision-making is a skill. It must be learned, practiced and relearned. For teens, many decisions around sexual activity "just happen." Whether through the pressure of friends, or a partner, whether under the influence of alcohol or drugs, or sexual excitement, teens often end up making decisions consistent with neither their values nor their goals.

This session is designed to help students learn how to make decisions (not what decisions to make). The teacher's role is to help explain and clarify good decision-making techniques. When making decisions, students need to clearly look at and assess the problem or situation at hand; they need to examine the various alternatives, looking carefully at the consequences of each alternative; and in making their choices they need to be clear about their own values and goals. Only then should they be planning their course of action.

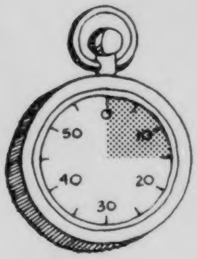
We strongly feel that when expanding this section, not only should more decision-making exercises be included, but also values clarification exercises. When students feel good about themselves, when they have a clear understanding of their values, and when they have clarified their goals in life,they are far along on the way to being good decision-makers. The bibliography (Appendix A)lists a number of teaching guides where further exercises can be found. There are also two films ("Are We Still Going to the Movies?" and "Are You Ready for Sex?") listed and described in the Audio-Visual Resource list (Appendix B) which can be used to elicit classroom discussions on decisions about sex within relationships.

DECISION-MAKING WITHIN RELATIONSHIPS

SAMPLE LESSON PLAN

I. LOOKING AT DECISIONS

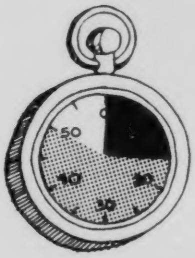
Purpose:	To examine how people make decisions
Process:	Case study and discussion
Materials:	Blackboard or newsprint with markers
Description:	See page 229



15 minutes

II. A LOVE STORY (PART I)

Purpose:	To examine the attitudes, pressures, and responsibilities involved in the decision to become (or not become) sexually active. To examine various ways of expressing affection within love relationships.
Process:	Small group exercise and large group discussion
Materials:	Newsprint and markers for each group, blackboard
Description:	See page 231



35 minutes

LOOKING AT DECISIONS

Purpose:

This short case study and discussion is designed to help students clarify and examine how people make decisions.

Time Required: 15 minutes

Materials: Paper, pencils, blackboard or newsprint with markers

Procedure:

1. Present a decision-making situation that is relevant to class members (See examples on page 230.)

2. Ask the students to list on a sheet of paper the choice(s) they would make in that situation. Give them a couple of minutes.

3. Ask the students to volunteer and read off their choices (if it is a small class and a non-threatening situation, go around the room and let everyone participate). List the choices on the blackboard or newsprint.

4. Using the lists as a focus, begin discussion on decision-making:

   - How did you make your decision?

   - What were some of the things you thought about that you didn't choose? Why didn't you choose them?

   - What (or who) influenced your decision the most?

   - What is usually the best process for making good decisions?

5. Summarize briefly by discussing this (or a similar) simplified model for responsible decision-making. (Write it on a blackboard or newsprint.)

   1. Identify the situation or problem.
   2. Brainstorm all the possible alternatives.
   3. Examine the advantages and disadvantages (or consequences) of each choice.
   4. Choose what is right for you.
   5. Put together a plan of action.

DECISION-MAKING WITHIN RELATIONSHIPS

Session IV

Situation Examples:

1. Your rich grandmother just gave you a check for $100.00 for your birthday. How would you spend it?
2. You're going to be graduating from high school at the end of the year. What are you going to do?
3. It's Saturday afternoon and you haven't yet made plans for the evening. What are you going to do?

A LOVE STORY (PART I)

Purpose:

This story and small group discussion is designed to help students examine the attitudes, pressures and responsibilities involved in the decision to become (or not become) sexually active. It also looks at the various ways of expressing affection within love relationships.

Time Required: 35 Minutes

Materials: Newsprint and markers for each group, blackboard

Procedure:

1. Begin this activity by brainstorming (see page 202 for brainstorming rules) with total group the reasons why people have sex. After list is complete discuss questions:

   - When is a person ready for sexual intercourse?

   - Is there social pressure in teens to be sexually active? How is this expressed?

   - Is there social pressure to not be sexually active? How is this expressed?

   - Is the pressure different for guys and girls?

2. Read or tell A Love Story-Part I (see following story), writing names of each character on the board as they are introduced. Tell this story with "drama," personalizing details to your school/community.

3. Divide the class into groups of 4-5 students.

4. Give each group newsprint and markers and have them use the decision-making model to look at the situation being faced by both Kathy and Danny. Ask them to:

   a. Identify the problem

   b. Brainstorm the alternatives

   c. Examine the consequences for each

   d. Decide what Kathy and Danny should do

   e. Come up with a plan of action

   Groups should elect a recorder/spokesperson for this exercise.

5. After the groups have had 10-15 minutes to discuss this situation, teacher asks the spokesperson from each group to explain the decision they came to and why.

6. After all the groups have spoken, begin a general discussion by posing the following questions:

   a. What do you think actually would have happened? Why?

   b. What kinds of pressures were being faced by Danny and Kathy?

   c. How are sex roles involved in this situation?

   d. What gets in the way of talking to a boyfriend/girlfriend about sexual issues? What would help teenagers communicate with each other?

   e. What are the various ways love can be expressed in a relationship? Is having sexual intercourse an expression of love? Can not having sexual intercourse be an expression of love? What are other ways people can show caring and affection for each other?

7. Finish the discussion by summarizing the decision-making model, explaining how, given all the choices, pressures, and consequences involved in deciding to become sexually active, it becomes very important to make careful, well-thought out decisions.

(Adapted from an exercise by Planned Parenthood of Santa Clara County)

A LOVE STORY - PART I

Kathy and Danny are students in high school who have been going together for about eight months. Kathy is a junior and Danny is a senior. (Write their names on the board.)

Kathy and Danny have a very special relationship. They spend a lot of time together and really trust each other. They confide many of their secret fears and hopes with each other, talk about their parents, what's happening at school--and really get a lot of support from each other. In many ways, they have sort of become like best friends. Their friendship is very important to both of them.

They have decided that for right now they don't want to have sexual intercourse. They haven't really talked about it very much, but Danny knows how Kathy feels and he respects her feelings. Kathy was brought up in a fairly religious home where her parents constantly reminded her of the importance of being a "good girl" and of saving sex for marriage. They have told her many times that they would not know what to do if she got pregnant. But more importantly, Kathy feels that she just isn't emotionally ready for the intimacy of sex. Even though she loves Danny a lot, she feels that she just isn't ready to accept what having sex would mean in their relationship.

So, they haven't actually made love, though they have played around a little. Lately, Danny has been talking with some of his friends about sex, and he is hearing that many of his friends have already had sex with their girlfriends. Danny is feeling a little jealous--he is wondering what is wrong with him. He wonders if he is behind for his age and if he is less of a man. Danny is actually feeling afraid that he will turn 18 and still be a virgin.

So Danny has been putting some pressure on Kathy to have intercourse. Recently, he has been pushing harder, and they have talked about it a little. But Kathy is pretty clear about her feelings, so they haven't had sex. Things have been going okay in their relationship, but there seems to be an increasing amount of tension. They have begun to fight about little things and they don't seem to talk about the really important things anymore.

Because she is feeling lonely and confused, Kathy decides that she needs to talk with someone. She doesn't want to break up with Danny, but she also isn't sure that it is right for her to have sex with him. First, she decides to talk with Ginny. She and Ginny have been good friends since grade school, though they haven't spent much time together lately, because Kathy has been with Danny so much. She and Ginny have talked about lots of important things in the past, but they have not ever really talked about anything as personal as sex. When she tells Ginny what is on her mind, Ginny says, "Danny really is being unfair; I thought he loved you. He's just acting like all the rest of the guys." And then Ginny starts talking about something else. Well, Ginny hasn't listened very well to Kathy's feelings of confusion and loneliness, and Kathy is left still feeling bad with nothing resolved.

After thinking for awhile about whom to talk with, Kathy decides that maybe she can trust Ms. Smith. Ms. Smith was her biology teacher last year when they had sex education; she is a young teacher and seems like she might be understanding. Kathy goes by to see her after school. Ms. Smith is busy, but invites Kathy in, and they start talking. Gradually, Kathy gets up the nerve to mention sex, but when she does, Ms. Smith blushes, begins shuffling her papers, and tells Kathy that she really is very busy. Kathy has gotten nowhere with Ms. Smith, and she still doesn't know what she wants to do about Danny.

By this time, about a month has passed since Danny has started seeing other girls. Kathy is feeling pretty depressed and lonely, and she really misses Danny. She wishes that there is some way she could talk to her mother, but she knows that her mother would get upset and wouldn't understand her problem. So Kathy feels pretty lost and doesn't know what to do.

Kathy and Danny are still spending some time together, and they go to the movies one Saturday night. After the movie, they come back to Kathy's house to talk. When they get home at around midnight, they find out that Kathy's parents are gone to a party in the mountains, and they won't be back till much later. So Kathy and Danny are left alone in the house.

FINDING SOLUTIONS (OPTIONAL)

Purpose:

This activity is designed to help the student become aware of a process for decision-making. It will also aid the student in solving a current problem.

Time Required: 50 minutes

Materials: Decision-making charts, four pieces of newsprint and marker or blackboard

Procedure:

1. Explain to the class that everyone makes decisions every day and that sometimes it's hard to decide what choice to make. Run through some decisions you made that day. (Example: whether to get out of bed, what to eat for breakfast, etc.)

2. Give out charts.

3. Go over each step of the chart and illustrate each step by processing one of your own problems on the newsprint.

4. Have the class follow each step on their own charts and encourage them to ask questions.

5. Give the class a few minutes quiet time to think of a decision they have to make or a problem they want to solve. If some students have trouble thinking of something, you might suggest one of the following topics:

    A. Going to college or not

    B. Breaking up a relationship

    C. Moving away from home

    D. Getting a job or not

6. Give the class twenty minutes to fill out their charts. Tell them when time is half up.

7. Process the exercise by asking the following questions:

    A. What did you find most difficult about this exercise? (Is this something that is generally difficult for you?)

    B. How many people feel satisfied with their solution? Why or why not?

8. Summarize the discussion and make the following points:

    A. Finding a process for decision-making that works for you makes finding solutions a lot easier.

B. You can use this process for making any decision.

C. In order to be satisfied with a solution it must be consistent with your own personal values and goals or promote your interests and abilities.

D. A solution that satisfies someone else will not necessarily satisfy you.

Adapted from The Guidebook for Teaching Family Living, Lynne De Spelder and Nathalie Prettyman, Allyn and Bacon, Boston, forthcoming 1979.

DECISION-MAKING CHART

Step 1. State the problem to be solved in a few sentences.

Step 2. Gather information about the problem. For example, how and why does it affect you? What are some of the feelings you get when you think about it?

Step 3. List at least four possible solutions or alternatives.

1.

2.

3.

4.

Step 4. List the positive and negative aspects of each alternative.

Positive	Negative
1.	1.
2.	2.
3.	3.
4.	4.

Step 5. Describe the worst possible thing that can happen for each solution.

1.

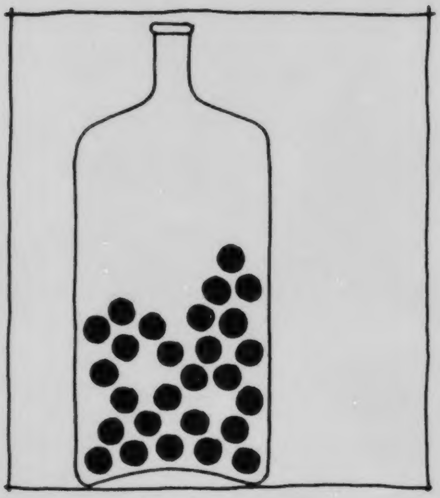
2.

3.

4.

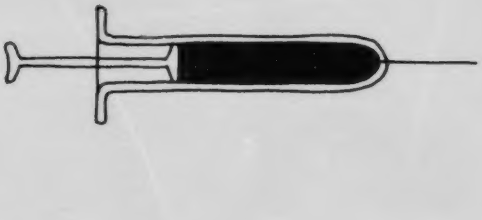
Step 6. Compare all the alternatives and select the solution which seems best.

My solution is



VENEREAL DISEASE AND COMMUNICATION

SESSION V
SENIOR HIGH



SESSION V: VENEREAL DISEASE AND COMMUNICATION
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Review the modes of transmission, symptoms, and possible effects of venereal diseases
- Review methods of prevention and treatment of VD
- Understand the various laws and policies related to VD
- Examine the fears and social attitudes that prevent open communication about VD and, therefore, contribute to the continuing epidemic

INTRODUCTION AND APPROACH

There is continued concern in this country about the epidemic of venereal disease, especially considering the increasingly resistant strains of gonorrhea and the recent dramatic rise in the rates of the as yet untreatable Herpes Simplex II.

Venereal disease education should address two areas - both the factual information as well as the social attitudes which contribute to the continuing problem. Students need to understand that VD is a serious problem; they also need to understand that it is a problem that can be prevented and treated. Many students have already been exposed to venereal disease education by the time they reach high school. However, for various reasons, their information is often inaccurate and incomplete. We have designed this session both to review the factual information and also to look at the myths and misconceptions that play a role in the continuing problem.

Factual information, covering symptoms, where to go for help, and prevention should be presented in a simple straightforward manner. Studies indicate that the use of scare tactics in venereal disease education are counterproductive. It is much better to present the basic information needed to at best prevent and at least deal with VD (if one comes in contact with it).

Obviously, VD should be defined as diseases which people can get through having sexual intercourse with a person who is infected with one of the diseases. Be aware that some students who have been told that VD is transmitted through sexual intercourse end up thinking that VD occurs spontaneously when people have sex - whether or not one or both people had an infection to begin with.

Social attitudes also need to be examined. It is people's fear and embarrassment that often prevents them from obtaining treatment or informing their partners. While the VD Myth Game addresses some of the social attitudes, we suggest when expanding the program, to include exercises that deal more specifically with difficulties in communicating to a partner about VD. Both the optional Role Plays and the optional Case Studies do a good job in that area.

There are a number of films (see Appendix B) that present factual information about VD clearly and interestingly. County health departments will often have speakers available to come out and discuss their VD services. It might also be good to make students aware of Operation Venus, a toll-free, confidential nationwide hotline that offers information and local referrals for problems related to VD. Their number is 1-800-523-1885.

VD AND COMMUNICATION

SAMPLE LESSON PLAN

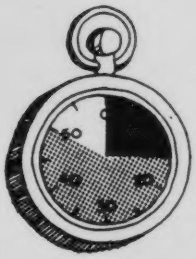
I. VD MYTH GAME

Purpose: The purpose of this activity is to correct misinformation and to give students the opportunity to experience communicating about VD.

Process: Small and large group discussion

Materials: Myth/truth statements on 3x5 index cards (one per student), answer key

Description: See page 243.



35 minutes

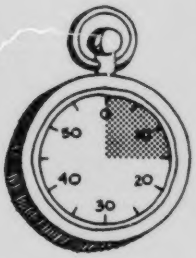
II. VD INFORMATION REVIEW

Purpose: To review information (both medical and legal) about VD. To look at issues which may have an effect on open communication about VD.

Process: Information-sharing and discussion

Materials: Blackboard or newsprint and markers

Description: See page 248.



15 minutes

VD MYTH GAME

Purpose:

The purpose of this activity is to correct misinformation and to give students the opportunity to experience communicating about VD.

Time Required: 35 minutes

Materials: Myth/truth statements on 3 x 5 index cards, answer key

Procedure:

1. Prior to the class, write each statement with its number on an index card. (Taken from answer key)

2. In introducing the exercise, explain that we know that there are a lot of myths about VD that contribute to the continuing epidemic. In order to clear up these myths and to have practice communicating about VD, students will be playing a myth game.

3. Divide students into small coed groups (4-6 students each).

4. Divide the cards evenly among the small groups.

5. Have students take turns reading the cards out loud. As each statement is read, the group discusses it and decides whether it is a truth or myth. This process continues until all the cards are covered. Approximately one minute per card is allowed. One group member is appointed recorder and s/he uses a sheet with numbers 1-20 to write down the team's answers (T= truth; M=myth) and stars the ones students want more information about.

6. When all groups have finished Round 1, they are told to pass their cards in a clockwise motion to the next group. Do this carefully so cards don't get mixed.

7. The process begins again. There are as many rounds as there are groups.

8. The teacher then reads the number of a statement and says whether it is a truth or myth. Students correct their answer sheets as the teacher goes down the list. They are told that anytime their group misses an answer that they should raise their hands.

9. Anytime there is an incorrect answer from any group that is the time to read the full statement and go through the answer more fully.

10. The process of reading numbers and answers is repeated until all 20 questions are covered.

11. If time allows, ask groups to call out numbers of questions they had starred. More information on those items can be covered at that time.

Suggestions:

Circulate among small groups to be sure that all students are participating as much as possible. It is important to encourage students to participate so they can get some experience in communicating about VD.

VD AND COMMUNICATION
Session V

1. Birth control pills prevent VD. MYTH

   Birth control pills do not prevent VD. Actually, the pill makes women who are exposed to gonorrhea more susceptible to infection, because the pill changes the pH balance of the vagina from acidic to basic, which is a more hospitable environment for gonorrhea germs.

2. People can get VD from doorknobs, toilet seats, drinking fountains, swimming pools. MYTH

   VD germs do not live for long outside of the human body--they are very sensitive to temperature and light. However, other STD's (sexually transmitted diseases) like crabs, scabies, trich could be gotten from toilet seats, towels, clothes, bedding.

3. If the symptoms go away, you don't need to see a doctor. MYTH

   Even if the symptoms go away, the person almost always is still infected and may very likely be contagious as well.

4. Once you've had VD you're immune to it, and you won't ever have to worry about it again. MYTH

   There is no immunity to any of these diseases. It's possible to get them over and over again. Repeated infections increase the possibility of scar tissue in the Fallopian tubes or vas deferens which can cause sterility or sub-fertility.

5. Homosexuals don't get VD. MYTH

   Anybody who is sexually active can get VD. VD germs can be passed through sexual contact between persons of the same sex, as well as between persons of the opposite sex.

6. VD can be considered a social, as well as medical problem. TRUTH

   Many people are ashamed or embarrassed when they find out they have VD. Sometimes they do not tell their partner/partners because of these feelings. This lack of communication has contributed greatly to the epidemic of VD we have in this country.

7. The majority of people who get VD are over 30. MYTH

   75% of all reported cases involve people between the ages of 15 and 30.

8. Each year in California, one out of ten graduating high school seniors has already had one case of VD. TRUTH

   According to PPAC: Facts of Life in Calif., 1977, 1/10th of all graduating seniors will have had a case of VD.

9. Clean people are less likely to get VD. MYTH

   VD germs cannot be washed away. Anyone who is exposed can get VD.

10. Pregnant women can infect their babies with VD. TRUTH

Syphilis can be passed through the placenta to the fetus causing birth defects, miscarriages and stillbirths. Gonorrhea and Herpes Simplex Type II can be passed to the baby at birth and can also cause serious birth defects and sometimes death.

11. In California, anyone over age 12 can get free confidential VD testing and treatment without parental permission. TRUTH

The same state law also applies to medical care for birth control, pregnancy, and abortion, in communities where county health departments and Planned Parenthoods provide these services for young people and low-income people.

12. Men and women always have symptoms if they have gonorrhea. MYTH

An estimated 40% of males and 80% of females infected with gonorrhea have no recognizable symptoms.

13. If you go for VD treatment, you are asked to name your contact/contacts. TRUTH

This is done so that they can be contacted and come in for testing or treatment themselves. The name of the person who listed them as contacts is never mentioned. It is totally confidential.

14. A serious concern about VD is that some strains are becoming increasingly resistant to penicillin. TRUTH

There is one form of gonorrhea which is totally resistant to penicillin, but it can still be cured by another antibiotic, spectinomycin. However, other strains are becoming increasingly resistant. Herpes Simplex II, a virus, is incurable. People who are allergic to penicillin are also treated with antibiotics.

15. Syphilis can cause insanity and blindness. TRUTH

In the later states, untreated syphilis can attack the brain and other vital organs, leading to insanity, blindness, paralysis, death.

16. Women who are infected with Herpes Simplex II are more likely to get cervical cancer later in life. TRUTH

For this reason, women with Herpes Simplex II should be careful to have a Pap smear test done every six to 12 months, according to their doctor's instructions.

17. A person with VD symptoms may have another kind of infection which is not VD. TRUTH

Painful urination in both males and females may be a symptom of a urinary tract or bladder infection which may or may not be related to a VD infection. Vaginal pain, itching, burning, and/or discharges may be symptoms of a vaginal infection which may or may not be related to a VD infection. The only way to know for sure is to see a physician.

18. Condoms are 100% protection from VD. MYTH

It has been estimated that condoms could prevent 95% of all VD cases. Condoms only protect when all infected areas of the body are prevented from coming in contact with the partner's body.

19. If two people don't have VD to begin with, and they only have intercourse with each other, they'll never get VD. TRUTH

Only when one or both partners has sexual relations with other people who have VD can the original couple be exposed to VD.

20. Abstinence is 100% protection from VD. MYTH

95% of all cases of VD are gotten through sexual intercourse, however, approximately 5% of all cases can be gotten through other forms of close contact (kissing, touching a sore). A person who is practicing abstinence might still become infected in this way, although the chances are very slim.

VD INFORMATION REVIEW

Purpose:

This activity is used to review and organize basic information about VD Most students have already been given a lecture or film presentation on VD at junior high level. By encouraging students to share information they already have, the teacher can give credit for their knowledge and correct any misinformation students may have.

Time Required: 20 minutes

Materials: Blackboard or newsprint with markers

Procedure:

1. Explain that there is a lot of interesting information available about VD which can sometimes get confusing. Therefore, this activity will concentrate on basic important information about VD.

2. List the following items on board/newsprint, leaving room to fill in the information:

A.	3 main types:			
B.	Transmission:			
C.	Symptoms:			
D.	Effects:			
E.	Treatment:			
F.	Prevention:			

3. Starting with the first item, ask students what they know about each aspect of VD filling in the gaps and writing all on the board/newsprint.

4. Completed grid should include the following:

   A. 3 main types: Gonorrhea, Syphilis, Herpes II

   B. Transmission: Sexual intercourse (95%); other physical contact (5%)

   C. Symptoms: Sores on or near sexual organs, unusual discharge, pain or burning with urination, abdominal pain, rash, loss of hair, symptoms may not be noticeable.

D. Effects: Sterility, miscarriage, stillbirth, birth defects, blindness, insanity, death

E. Treatment: Antibiotics (no treatment for Herpes II, a virus), local community resources (County health department)

F. Prevention: Abstinence, exclusive sexual partners, condoms

5. You may want to spend a few minutes discussing other sexually transmitted diseases such as crabs, scabies and some of the various forms of vaginitis.

Suggestions:

This activity may be difficult for the teacher who is accustomed to a more detailed presentation about VD. The information-sharing grid is designed to review basic information when time is limited and the teacher desires to use activities which address the affective as well as cognitive domains. It is important to keep in mind that giving too much information may be more confusing than clarifying for young people. Three main points to emphasize are: symptoms, treatment (including local services), and prevention.

ANONYMOUS QUESTIONS (OPTIONAL)

Purpose:

Venereal disease is another area where the option to allow anonymous questions can be very helpful to those students who may have concerns but are afraid to ask questions directly.

Time Required: 5-10 minutes

Materials: Slips of paper, extra pencils, container

Procedure: See description, page 191

Suggestions:

We have included a list of typical questions and possible responses. These are examples of one style of answering questions. A teacher would obviously adjust his/her style as appropriate. It would be a good idea for the teacher to visit the local VD clinic and interview clinic personnel about teen services so that s/he can give students information about clinic location, hours, procedures, and attitudes toward teen clients.

Typical Questions and Responses

DO YOU HAVE TO GET TESTED FOR VD BEFORE YOU GET MARRIED?

In California, a blood test for syphilis is required in order to get a marriage license. Although it's not required, it would also be a good idea to get tested for gonorrhea too.

IF A WOMAN DOESN'T HAVE ANY SYMPTOMS, HOW DOES SHE FIND OUT IF SHE HAS VD?

Anyone who is sexually active with more than one partner should get tested for VD regularly, whether they have symptoms or not. If the woman doesn't get tested, she may be informed by someone she has infected who has found out they have gotten VD.

WHY IS THERE A CURE FOR GONORRHEA AND SYPHILIS, BUT NOT HERPES II?

The germs which cause gonorrhea and syphilis can be destroyed by antibiotics, but Herpes is a virus, and we have no drugs at present which destroy viruses.

I GET COLD SORES IN MY MOUTH THAT OUR DOCTOR SAYS IS HERPES--IS THAT THE SAME HERPES THAT'S VD?

There's a whole family of Herpes viruses. Herpes Simplex Type I is the simple cold sore virus that many people get, and it's not considered a VD. However, doctors think it is possible, during oral intercourse, to pass Herpes I to the genital area. The symptoms would be the same as Herpes II. Also, many of us have had Herpes Zoster, commonly known as Chicken Pox.

CAN YOU JUST GET VD OUT OF THE BLUE, WITHOUT HAVING SEX?

95% of all cases of VD are gotten through sexual intercourse with someone who has it. However, it is possible to get syphilis (and probably Herpes II) by touching the sore or kissing someone with sores in their mouth. Physical contact with someone who carries the disease is necessary in order to get VD, it doesn't just hit you out of nowhere.

HOW LONG DOES IT TAKE BEFORE YOU REALIZE YOU HAVE VD?

It depends on the disease--with gonorrhea it could take a few days for the male to months for the female; with syphilis it may be several months before even the first signs appear; Herpes may be in the body for months or years before the first infection erupts.

CAN A PERSON BE BORN WITH VD?

Yes, it's possible. Usually a baby born with VD gets treated right away. There's no way to undo the damage which has already been done, but the infection can be cured so that the baby will not be contagious. Because of the serious consequences for the baby, it is extremely important for pregnant women to be protected from VD.

VENEREAL DISEASE CASE STUDY EXERCISE (OPTIONAL)

NOTE TO TEACHER: In presenting this exercise it is important to state right away that abstinence is the primary way to avoid getting a venereal disease. Also people who are sexually exclusive are less apt to get VD. The procedure information section needs to be covered clearly in class.

PURPOSE:

This exercise is designed to help students realize the effect venereal disease can have on interpersonal relationships and to understand how VD has become a social as well as a medical problem. It will help increase students' awareness of the responsibilities that accompany the decision to be sexually active and to clarify information about VD -- symptoms, prevention, and local resources available for treatment.

Time Required: 30 minutes

Materials: Case studies sheet, 1 per student

Procedure:

1. Be sure to tell students that not all teen relationships involve sexual intercourse. Since some do and since people may decide later on to have intercourse, it is good to look at some of the possible consequences and responsibilities that go along with being sexually active.

2. Explain that today you will be looking at and discussing some case studies that deal with the topic of venereal disease.

3. Let them know that one reason venereal disease is an epidemic is that people may have feelings of guilt and shame associated with getting VD. Many times this may interfere with a person getting treatment for themselves and/or informing their partner/partners that they may be infected.

4. Tell students that the class activity today will give them an opportunity to look at the risks to sexually active people of getting VD, how people might react to having VD, and how people could deal with that situation in a relationship.

5. Pass out case studies sheet to each student. (Found at end of exercise)

6. Read one case study aloud as students read theirs silently.

7. Discuss each of the case studies for approximately 5-7 minutes.

8. If group is very involved with one situation, feel free to allow it to go overtime. If no response is shown for one, feel free to cut it short and go to the next one.

General Comments:

1. Although this is the day when venereal disease is to be discussed, case studies can open the way for discussion of many topics. It is up to you to decide how much leeway to allow in the discussion. It may feel more appropriate to you to let the class talk about relationships, commitment, or whatever else comes up if you feel this is their real need.

2. Using case studies can be a way for people to get information about their own concerns and to acquire greater empathy for others.

3. For more detailed information on case studies, refer to page 50 of the Teacher's Guide and Resource Manual.

SAMPLE CASE STUDIES

1. Sue and Gail are sophomores in high school. They are taking a family life class and have just started the unit on venereal disease. They are discussing their feelings about the unit. Sue has mixed feelings about learning about VD. She feels talking about it may encourage people to have sexual intercourse. Gail feels it's great to get this information. She already knows of people who have had VD.

2. Roger is a senior in high school. He has been dating and having intercourse with Mary during the last couple of months. He knows that Mary has also had intercourse with John and that John feels he is the only one in Mary's life. Roger has found out he has VD and needs to tell John he may also have it.

3. Pete and Joan are seniors in high school. They have been going together for a long time. They have been having intercourse and have agreed not to date anyone else. Joan went to a party a while back, got drunk and had sex with a guy. That guy told her today that he found out he has VD. She needs to let Pete know they should be tested for VD.

4. Lisa and Gary are sophomores in college. They have been dating and having intercourse for 8 months. During this time they made the agreement not to date anyone else. However, without the other person knowing -- they both have had other sexual partners. They both have ended up with VD and have to let each other know they need to be tested. Each of them still would like to keep secret that they have had other sexual partners.

Processing:

1. Students may spontaneously come up with reactions to each case study. It is good to allow them to react to the material that is relevant to them.

2. If the group does not respond or you want certain areas covered, it is helpful to be prepared with questions of your own. This way you help focus the discussion on areas of importance to you.

3. These are questions to help you facilitate discussion about each of the cases. Feel free to use or not use them and to add ones of you own.

Case #1

Do you feel this is a realistic situation? If you were Sue, what would you say to Gail? If you were Gail, what would you say to Sue? Do you feel there is a right answer? Would Sue feel comfortable talking about this in class? How do you feel most teenagers react to receiving information about VD? At what age should VD education be taught?

Case #2

How do you feel Roger would handle the situation? Do you think he should be the one to tell John? What do you think John will do when he gets the news? How could this situation have been prevented? What are Mary's responsibilities in the case? What kind of advice could Roger give John? Where could he go to get tested?

Case #3

Do you think this situation is realistic? How do you feel about Joan? Does the fact she was drunk affect your opinion of what happened? How do you feel she should tell Pete? How do you think he might react? What could this do to their relationship? How could they work things out? How could this have been prevented?

Case #4

What do you think about them not keeping their agreements? Do you feel one is more "guilty" than the other? How could they handle this situation? What makes it difficult for them to be honest with each other? What could be the consequences if they were honest? What are the consequences if they are not? How could they prevent this happening again? What advice would you give each of them?

VD AS GEOMETRY (OPTIONAL)

Purpose:

This is a quick activity designed to increase awareness of how rapidly VD can spread.

Time Required: 5-10 minutes

Materials: Slips of paper for everyone in the class

Procedure:

1. Hand out slips of paper to all class members. On one slip, place a distinguishing yet unobtrusive mark in one of the corners.
2. Have class members go around the room shaking hands. As they shake hands, they should write down the name of the person they shook hands with. Have each person shake and record 3 other people's names.
3. After giving them a couple of minutes to do that, find out who has the marked slip of paper.
4. Write the name of that person on the board. He or she is designated as having VD.
5. Write down the names of the three people who shook hands with the first person. They have contacted VD.
6. Write down the names of the people who shook hands with those three people. They have also contacted VD.
7. And so on. Nearly everyone will have contacted VD at least once.
8. Discuss how rapidly VD spreads and what people could have done to have prevented it from spreading.

Suggestion:

Make sure you clarify with the students that VD is not spread by shaking hands with someone (even if they have just touched a doorknob).

This activity might not be appropriate in classes where maturity level is low, or in conservative communities.

PREGNANCY AND BIRTH

SESSION VI
SENIOR HIGH

SESSION VI: PREGNANCY AND BIRTH
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Increase their knowledge of fertility, pregnancy symptoms, and pregnancy testing
- Understand the impact of lifestyle on fetal growth and development
- Understand the process of childbirth and the changing medical and social developments related to it

INTRODUCTION AND APPROACH

Pregnancy and birth is an area of real interest for all age groups, especially teens. Considering that ten percent of teens become pregnant every year, there are many high school students who have first and second-hand experience, knowledge, and perspective concerning pregnancy. As a whole, high school-age teens tend to be eager, enthusiastic, and full of questions during this session.

We've basically divided the lesson plan into three parts. The first part deals with pregnancy symptoms and pregnancy testing. Students should be aware of what a pregnancy test is and how it is done. It is also important for them to know where to get a confidential pregnancy test if they should need one. It is important that the teacher be sensitive to the possibility that one or more students in the class may be worried about a possible pregnancy, or may be trying to hide a pregnancy in the early stages.

Fetal growth and development is a fascinating subject, and a teacher could easily spend several days in this area alone. However, in this short a session, a quick review with emphasis on awareness of health hazards must suffice. Audiovisual materials can be very useful.

Students need a balanced, objective and realistic presentation of labor and delivery. This is particularly important in light of the dramatic and often frightening versions of birth which are presented from time to time on television, in the movies, or in novels. Teens need to know that most births are normal and without complication. When expanding this session (or in place of the brief lecture/discussion outlined in the lesson plan) we strongly recommend presenting a good birth film. Teachers should preview films so that students can be prepared in advance with new vocabulary and with some explanation/warning of the possible bleeding or medical procedures (episotomies, injections, etc.) that might cause uncomfortableness.

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PREGNANCY AND BIRTH
Session VI

Often, discussion of pregnancy and birth can be too centered around the woman, making the guys feel unimportant and left out. The teacher should stress the man's role of emotional support during the pregnancy, the delivery, and when the baby comes home. It might be possible to get a male who was with his partner during the delivery to come, possibly show slides, and talk about the experience.

PREGNANCY AND BIRTH

SAMPLE LESSON PLAN

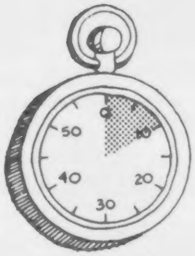
I. PREGNANCY SYMPTOMS AND TESTING

Purpose: To review information about pregnancy symptoms and pregnancy testing.

Process: Information-giving/discussion

Materials: Blackboard drawing

Description: See page 263



10 minutes

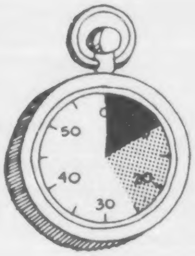
II. STAGES OF PREGNANCY

Purpose: To share information on the fetal growth and development.

Process: Information-giving/discussion

Materials: Charts or slides recommended (Time/Life photographs)

Description: See page 265



15 minutes

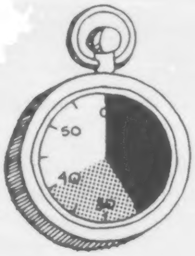
III. THE BIRTH PROCESS

Purpose: To examine the process of childbirth.

Process: Information-giving/discussion

Materials: Flip charts, birth atlas, or film recommended

Description: See page 267



15-20 minutes

PREGNANCY AND BIRTH

SAMPLE LESSON PLAN
(Continued)

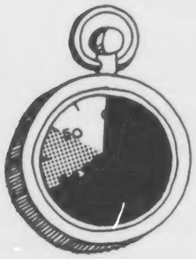
IV. ANONYMOUS QUESTIONS

Purpose: To provide students an opportunity to ask questions they did not feel comfortable asking in the large group.

Process: Anonymous written questions answered by teacher or discussed by class

Materials: Slips of paper, extra pencils, container

Description: See page 269



5-10 minutes

PREGNANCY SYMPTOMS AND TESTING

Purpose:

The purpose of this activity is to review the symptoms of pregnancy and the procedures for pregnancy testing. Since students already know most of this information, a review approach is appropriate for most groups.

Time Required: 10 minutes

Materials: Blackboard or newsprint and markers

Procedure:

1. Before starting, explain to students that although we hope that none of them will have to deal with this, we do know that one out of ten 15-19 year old girls gets pregnant each year. It is therefore important for people to understand information related to pregnancy symptoms and testing.

2. Ask students to brainstorm symptoms of pregnancy as you write them on the blackboard/newsprint. Symptoms to cover are:

   A. late period

   B. nausea

   C. tender breasts

   D. frequent urination

   E. weight gain

   F. cravings for special food

3. Topics to cover when discussing pregnancy testing are:

   A. Local resources for testing, laws related to teens

   B. Cost of test

   C. Types of tests and their effectiveness

   D. When tests can be done

   E. Possible things that cause late periods other than pregnancy

   F. Need for early testing and counseling

   G. Guy's involvement during this time

Suggestions:

Teacher should research local community resources for pregnancy testing in advance and have addresses and phone numbers available. It would be helpful to know which agencies are accepting of teens, offer low cost, confidential pregnancy testing and those which offer pregnancy alternatives counseling.

STAGES OF PREGNANCY

Purpose:

The purpose of this activity is to give students a general overview of what happens during pregnancy. Special emphasis is placed on health concerns, particularly those of teen pregnancy.

Time Required: 15 minutes

Materials: None needed (charts or slides are recommended; *Time/Life* photographs)

Procedure:

1. Explain to students that pregnancy is divided into three trimesters or periods of three months. The first trimester is a very important time because that is when all the baby's vital organs are beginning to form. Many young women who are afraid to let someone know they are pregnant have done damage to the growing fetus by not taking care of themselves during this time. These birth defects might have been avoided if the woman had had proper pre-natal care. Ask students to list things a pregnant woman should or should not do during pregnancy to protect the health of the baby. Be sure this information is covered:

   A. Use of drugs during pregnancy

   B. Effects of alcohol and tobacco on fetus

   C. Need for good nutrition

   D. Need for proper medical care

   E. Possible effects of VD during pregnancy and at delivery

2. Explain that the second trimester (middle three months) can be a very enjoyable time. The woman is now beginning to show and may be able to feel the baby move. Sometimes there is concern that the baby might have severe birth defects and this is the time a test can be done to find out. Some topics to discuss are:

   A. What amniocentesis is

   B. How it is done

   C. Possible consequences of doing the test

   D. Reasons why a test would be done

   E. Possible results and decisions a couple might need to make

3. Explain that the third trimester (last three months) is when the couple will probably begin to make preparations for the baby's arrival. Some topics to discuss are:

- A. Differences between "traditional" and "natural" childbirth
- B. Possible types of classes for expectant couples
- C. Preparation of the home for a baby
- D. Some concerns new parents might have

4. Explain that even when a woman has had good pre-natal care, there are some risks the couple needs to be aware of. Some topics to briefly cover are:

- A. Possibility of premature birth or stillbirth
- B. Risk of maternal death
- C. Increased risk for women under 16 and over 35
- D. Desirability of pregnancy during women's healthiest years

Suggestions:

A good fetal growth and / or birth film or slide presentation might cover this material well. A couple of possible films are: When Life Begins; Have A Healthy Baby; and Becoming. It is also a good idea to use life size illustrations of fetal development while explaining the stages of pregnancy.

THE BIRTH PROCESS

Purpose:

The purpose of this activity is to review what happens during labor and delivery. Many students have heard stories of traumatic births or read about them in books. By giving students factual information about the birth process it can be demystified and become less threatening.

Time Required: 15 - 20 minutes

Materials: Birth Atlas is recommended

Procedure:

1. Explain to students that the function of labor is to allow the muscular contractions of the uterus to open the cervix and push the baby out. Labor is divided into three stages. Topics to cover when discussing the first stage are:

   A. What effacement is

   B. What dilation is

   C. Length this stage lasts

   D. Feelings a woman might have

   E. Ways the doctor, nurse, or coach help during this stage

2. Explain that with the second state of labor comes a different kind of contraction. Topics to cover when discussing the second stage are:

   A. Types of contractions and what they do

   B. Length stage lasts

   C. What episiotomy is and reason for doing it

   D. What vernix is and its function

   E. What women might experience and how doctor, nurse or coach help during this stage

3. Explain that the third stage is the delivery of the placenta (afterbirth). Topics to cover when discussing the third stage are:

   A. Function of the placenta

   B. Need for inspecting placenta

   C. Possibility woman may need stitches

4. After delivery it is very important to protect the women from infection. For this reason doctors usually instruct women to abstain from intercourse for six weeks.

5. Explain that although this part may seem very difficult, parents usually say the hardest part is raising and caring for the child in the years to come.

Suggestions:

Due to the fact that time is very limited and students have many questions in this area, it is especially important to allow time for the anonymous questions. They can be used to cover specific concerns that students may have and clear up some of the misinformation in this area. Birth films or slide presentations may also be used.

ANONYMOUS QUESTIONS AND ANSWERS

Purpose:

Anonymous questions provide students with an opportunity to ask questions they might otherwise not feel comfortable asking.

Time Required: 5-10 minutes

Materials: Paper, extra pencils, container

Procedure: (See description on page 191)

Suggestions:

By the time you get to this point in the program, you may not need to handle questions anonymously. The students' natural enthusiasm about pregnancy and birth will probably prompt spontaneous and easy discussion. However, in case there is someone who is personally worried about pregnancy, it would still be a good idea to give students an anonymous chance to ask about where to go for help.

We've included a few typical questions and possible responses. These are examples of one style of answering questions. A teacher would obviously adjust his/her style as appropriate.

Typical Questions and Responses

HOW MUCH DOES IT COST TO HAVE A BABY?

Doctors' fees, which cover hospital costs for a routine birth and office visits during the entire pregnancy range from $1000 to $2000. Medi-Cal also covers the cost of pre-natal care and delivery.

HOW MUCH DOES IT COST TO RAISE A CHILD?

It varies, depending on the family's income level, upwards to $100,000. These figures cover birth to age 18.

I THINK I MIGHT BE PREGNANT--WHAT SHOULD I DO?

If you plan to have intercourse, use a reliable birth control method, since you may not be pregnant at all. See a doctor as soon as possible for a pregnancy test and an exam. And in the meantime, avoid all drugs, alcohol, and eat a balanced diet. It would be a good idea to inform the guy involved, and your parents. However, if you feel you can't go to your parents, don't let that keep you from getting a test and taking care of yourself. If you are pregnant, you need special counseling; and places to go for help are: your family, your doctor, minister, school counselor, school nurse, the guy's family, or a Planned Parenthood. All of these people can give you counseling about deciding whether or not to continue your pregnancy and can offer you support once you've made your decision.

WHAT CAUSES MULTIPLE BIRTHS?

If a woman has more than two or three babies at once, it's probably due to fertility drugs. Sometimes, the reason why a couple has difficulty conceiving is because the woman isn't ovulating. The doctor will sometimes give the woman a drug which will cause her ovaries to release eggs. The problem is that sometimes the drug works too well; instead of releasing just one egg, her ovaries may release five or six at a time, and they all can get fertilized.

WHAT CAUSES MISCARRIAGE?

A miscarriage usually happens because there's either something wrong with the baby or with the mother, and the two of them together can't survive. Some women are more likely to have miscarriages: girls under age 18, women over age 35, women who have a venereal disease, women who have not waited long enough to conceive after a birth, miscarriage, or an abortion. Sometimes diet, a disease that the woman is not aware of, or an injury can cause a miscarriage. Sometimes there doesn't seem to be any reason--it just happens.

DOES IT REALLY HURT TO HAVE A BABY?

Different people have different opinions on that one. Some people say it really hurts a lot. Others say that what women experience as pain is mostly fear on top of strong sensations of the uterus contracting which the woman is not prepared for. Proponents of natural childbirth (birth without drugs) feel that if the woman is properly prepared and understands what's happening, she will experience very little pain and find childbirth a very enjoyable and satisfying experience.

WHAT IS A CAESAREAN BIRTH?

Sometimes it is necessary for the doctor to make an incision through the woman's abdomen into the uterus and bring the baby out of the woman's body that way. This may be because the baby is too big to be pushed through the vagina, or the mother or baby are in danger and the baby needs to be born quickly, or the mother has had a Caesarean section in the past and her uterus is unable to push the baby out. The woman doesn't have to be asleep for this procedure, although she is usually anesthetized from the waist down.

WHAT IS A BREECH BIRTH?

This is when the baby comes into the vagina feet first, instead of head first. This can also be a reason for Caesarean delivery.

WHY DO SOME WOMEN DIE GIVING BIRTH?

This is getting to be very rare these days. Most commonly it happens because the woman has some physical problem that her doctor isn't aware of; or maybe it would have been detected if a woman were seeing a doctor during her pregnancy, but she couldn't, either because she lives too far away or couldn't affort to. It might be because she goes into labor somewhere where she can't get any help. But these situations are very rare today. Common reasons are: heart failure, diabetes, infection, or bleeding that can't be stopped. The risk of death varies according to age, but the average for all women in the U.S. is about 10.2 deaths per 100,000 live births.

WHY ARE SOME PEOPLE STERILE?

Sometimes a man may not produce enough sperm to fertilize the egg, or sperm may not travel fast enough. (It takes 100 million to 600 million sperm to make sure that 2,000 sperm get to the Fallopian tubes.) Sometimes the man has scar tissue in the vas deferens due to VD which keeps the sperm from leaving his body. The woman may have some hormone problem or hidden disease which keeps her from releasing eggs. She may also have scar tissue in her tubes which keeps the egg and sperm apart. Sometimes the doctor can find no reason at all.

IS IT POSSIBLE TO HAVE THE SYMPTOMS OF PREGNANCY AND NOT BE PREGNANT?

Sometimes a woman is so worried about being pregnant that she imagines she's pregnant. It's also possible that she really wants to be pregnant and the same thing happens. Many women experience symptoms similar to pregnancy just before their period, or when they take birth control pills.

WHAT IS TUBAL PREGNANCY?

A tubal pregnancy, sometimes called an ectopic pregnancy, is when the fertilized egg gets stuck in a Fallopian tube and begins to grow there, rather than in the uterus. This is extremely dangerous, and it must be removed surgically, or the woman could hemorrhage and die. A woman is more likely to have a tubal pregnancy if scar tissue has built up in her Fallopian tubes because of VD or other kinds of pelvic infections, or if she gets pregnant while she has an I.U.D.

IS THERE A WAY OF TELLING WHAT SEX THE BABY WILL BE BEFORE IT'S BORN?

Sometimes a doctor can tell toward the end of the pregnancy by the heartbeat. There is a more accurate method, but it is risky, and is only done if there is concern that the baby might have a serious birth defect. The test is called amniocentesis. It involves using a long syringe needle to withdraw some of the fluid the baby is floating around in through the abdomen of the mother. In the fluid are old cells which the baby has shed. These cells can be examined under a microscope which is strong enough to show the genes of the baby. If the genes are damaged, the doctor will inform the couple who will then decide whether or not to continue with the pregnancy. Looking at the genes will also reveal the baby's sex. This test can only be done after the fourth month of pregnancy, and because it could damage the baby or cause miscarriage, it is only done when the woman is in a high risk group or has been exposed to a dangerous drug or disease.

WHAT CAUSES BIRTH DEFECTS?

Some birth defects are inherited, sometimes they are caused by poor nutrition, drugs, illness, or injury during pregnancy. Sometimes there seems to be no apparent reason.

TEEN PARENTING

SESSION VII
SENIOR HIGH

SESSION VII : TEEN PARENTING
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Increase their awareness of the commitments and responsibilities involved in having children
- Examine and clarify their attitudes and values related to parenting

INTRODUCTION AND APPROACH

The commitments and responsibities involved in becoming a parent are many and long-lasting. While parenthood has many and varied rewards, it also requires time, energy, and sacrifice. Any person thinking of choosing to become a parent needs to realistically examine the personal consequences and effects of such a decision.

Teens, in particular, tend to have very romantic and unrealistic expectations of parenting. It is the romantic myths which interfere with a young person's ability to make responsible decisions about parenting. This session is designed in part to increase students' awareness of the responsibilities and increase their sense of the reality of having children.

The Egg Babies Exercise (introduced during the first session and processed during this session) is a vivid and surprisingly convincing way to demonstrate the effects of all of a sudden having a "new little family member" to take care of and watch out for. Discussion focuses on how having children affects a person's daily life and how important it is that a person be clear as to whether or not a parenting commitment is appropriate for them at this time in their lives.

The sample lesson plan also includes a values clarification exercise that allows students an opportunity to share and discuss feelings about parenting. Many teens who became parents before they were ready for the responsibility never had a chance to clarify their feelings. In particular, the exercise also asks the students to look at the consequences, both positive and negative, of becoming a teenage parent. By carefully examining the advantages and disadvantages to teen pregnancy and parenting, a young person might discover that many of the advantages can be obtained without resorting to early pregnancy.

At the same time, it is important to remember that many teens end up making excellent parents (despite the fact that this society offers them little support). It can work out well. Much depends on whether young people are actively choosing parenting as a worthwhile endeavor, or drifting into a situation which requires a commitment that they have neither the resources nor the desire to keep.

TEEN PARENTING

SAMPLE LESSON PLAN

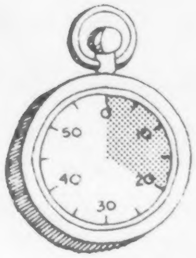
I. EGG BABIES EXERCISE

Purpose: To increase awareness of the responsibilities of parenting

Process: Discussion

Materials: None required

Description: See page 277



15-20 minutes

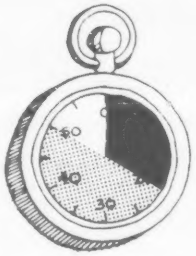
II. VALUES IN PARENTING

Purpose: To provide students with a chance to examine and clarify their personal feelings and values related to parenting. To discuss the advantages and disadvantages of being a parent.

Process: Large group discussion

Materials: Floor space, blackboard

Description: See page 278



25-35 minutes

EGG BABIES (PROCESS)

Purpose:

The processing of the Egg Babies exercise (see page 189 for original description) serves to introduce the concept of teen parenting and help students form a more realistic view of the responsibilities of parenting as it relates to them.

Time Required: 15 minutes

Materials: none required for process discussion

Procedure:

1. Begin discussion by asking:

   - How many of you still have your babies?

   - Any major problems? What happened?

2. Ask class how they felt about the assignment:

   - What was the hardest part of being a "parent"?

   - What was the best part?

   - What kinds of qualities do people need to have in order to be good parents?

   - What kind of life style?

3. Ask class what they learned from the assignment:

   - If you had to do it all over again, would you have taken an egg the first day we handed them out?

   - Do you think the "egg baby" was easier or harder to take care of than a real baby?

   - Who benefits when a person waits until s/he is ready to become a parent?

4. Have students write "I Learned Statements" (see description page 339).

VALUES IN PARENTING

Purpose:

This values clarification technique uses values continuums to provide students with a chance to examine and clarify their personal feelings and values related to parenting.

Time Required: 20-30 minutes

Materials:

A fairly lengthy open space across the room and five posters reading: agree strongly, agree somewhat, unsure, disagree somewhat, disagree strongly. Blackboard or newsprint with marker.

Procedure:

1. Place the posters in a line so that students can stand next to the one that represents their feelings about statements.
2. Read a statement about parenting. (See list on following page.)
3. Have students go to the place that indicates how they feel. Ask students who are widely separated to explain their differences.
4. Repeat with a new statement.
5. For discussion:

   Which questions got the most diversity in answers?

   Where do we learn our attitudes about families?

   Were there questions that separated males and females more than others?

6. After 20 or so minutes, have the class brainstorm the advantages and disadvantages for a teenager becoming a parent. List their replies on the blackboard or newsprint. Discuss their lists--in particular talk about how a young person might be able to gain some of the potential advantages of pregnancy and parenthood without necessarily getting pregnant and becoming a parent. The point of the exercise is to encourage exploration of the choices and alternatives available to them.

Suggestions:

It's very important that the teacher carefully set the atmosphere for values continuums so that it can be a valuable and positive experience for everyone. In order for continuums to be used effectively, students need to clearly understand why the continuums are being used and how to participate correctly if they choose to.

SAMPLE STATEMENTS

STATEMENTS/VALUES IN PARENTING:

1. Caring for children is a tedious and boring job.
2. A good reason for having children is that they can help when parents are too old to work.
3. Most married couples would be happier if they did not have any children.
4. Having children gives a person a special incentive to succeed in life.
5. It is important to have children so that the family traditions will live on.
6. It is only natural that a man should want children.
7. Considering the pressures from family and friends, a person really doesn't have much choice about whether or not to have children.
8. It's a person's duty to society to have children.
9. All the effort parents make for their children is worthwhile in the long run.
10. Having children makes a stronger bond between husband and wife.
11. It is the parent's fault if their children are not successful in life.
12. Having children is the most important function of marriage.
13. Children limit you in what you want to do and where you want to go.
14. For most people, it is inevitable to have children.
15. One of the best things about having children is the true loyalty they show to their parents.
16. Having children causes many disagreements and problems between husband and wife.
17. It is only natural that a woman should want children.
18. A man has a duty to have children to continue the family name.
19. People can feel that part of them lives on after death if they have children.
20. It isn't right for a couple to interfere with nature by deciding to limit the number of children they will have.

Some things to remember:

- Nobody is required to participate or share anything they don't want to share.
- Make it clear to the students that they are to state their own position, not comment upon, argue with, or in any way evaluate the other students' positions. Reiterate to the class that one of the functions of the exercise is to become aware of the wide range of values surrounding issues, and that they can stand in their position and easily hear what someone else is saying.

Description Adapted From: Human Sexuality, A Curriculum for Teens
Growing Awareness
24 Windsor Street
Rochester, N.Y. 14605

TEENS IN SOCIETY (OPTIONAL)

Purpose:

The purpose of this activity is to organize class discussion about the implications of teen parenting. Students have the opportunity to explore the social influences that encourage and/or discourage teens from becoming parents.

Time Required: 30 minutes

Materials: Scratch paper, blackboard or newsprint and marker

Procedure:

1. Divide class into small groups (5 to 7 students), coed.
2. Assign the following topics, one to each group:
   - A. Attitudes toward teen parenting--what society in general thinks (today vs. 50 years ago); what most teens think (today vs. 50 years ago).
   - B. Advantages and disadvantages of teen pregnancy--for the girl; for the guy.
   - C. Strategies teens use to gain respect from peers; from adults.
   - D. How a teen's life would change if s/he became a parent--for the guy; for the girl.
   - E. The role of young people (teens) in society--their image in the media; what they contribute to society; what their special tasks are at this time in their lives.
3. Give students 10 to 15 minutes to brainstorm; circulate among the groups to facilitate discussion. (See page 202 for description of brainstorming.)
4. Have each group report its results to the rest of the class.
5. Ask class to comment on each group report after it is given.
6. Tie each group report together, citing examples from each group. Discuss how changing attitudes may be encouraging teens to become parents in order to find some way of making a positive contribution to society or to gain adult status, perhaps before they have the emotional, physical, and financial resources to meet the challenge of parenthood.

Suggestions:

Clear instructions about what each group will discuss and time to tie loose ends together at the end are important for this activity to be effective.

PREGNANCY ALTERNATIVES

SESSION VIII
SENIOR HIGH

SESSION VIII: PREGNANCY ALTERNATIVES
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Review skills for responsible decision-making
- Examine the legal and procedural aspects related to continuing an (unintended) pregnancy and raising a child, placing a child for adoption, and obtaining an abortion
- Examine and compare personal and societal values related to each of the various alternatives

INTRODUCTION AND APPROACH

As much as some would like to ignore it, the situation in this country still finds one million teenage girls getting pregnant every year. Some plan their pregnancies, others find themselves forced into premature marriage or single parenthood, many choose abortion, and a few choose adoption. In any event, a lot of young women are forced to make some difficult choices. Teens who find themselves in this situation commonly report that they never believed that it would happen to them and/or that they had no idea what it would be like to have to make a choice and follow through with it. Although we feel a great deal of emphasis should be placed on how to avoid an unplanned pregnancy, we also feel that it is important to discuss the alternatives should a person find themselves pregnant when they aren't sure that they want to be. By helping students get a sense of the reality of dealing with an unplanned pregnancy, by asking them to look at the situation before it ever happens to them, they can gain a clearer picture of the consequences and perhaps a clearer sense of the importance of avoiding getting into the situation in the first place.

The first part of the lesson plan provides students with a brief summary of some of the factual information related to adoption, abortion, and keeping/raising a child. Because there is so much information and only a limited amount of time, we feel it's very important to leave time for anonymous questions or a question and answer session so that students can get answers to any specific questions they might have. As the information is being presented, the teacher should keep in mind and refer to the decision-making model. One objective of this session is to review the model. Decision-making is a skill that can be used in other areas besides pregnancy alternatives.

The second exercise in the lesson plan involves presenting the students with a case study and having the class react to and analyze the decision-making model, in order to process the problem and alternatives being faced by the couple in the case study. The more a student is able to practice decision-making, the more prepared s/he will be to make decisions.

PREGNANCY ALTERNATIVES

Session VIII

Of all the subject areas planned for this course, pregnancy alternatives is one of the most sensitive, both in dealing with students' personal feelings and in terms of community attitudes and concerns. The teacher needs to take a great deal of care in presenting all alternatives in a factual, objective manner. The teacher needs to be prepared to guide classroom discussions in such a way that students can air their opinions and be heard, without letting one point of view monopolize discussion. It is the teacher's role to keep the discussion balanced and reality-oriented, while allowing students to express their feelings in a safe and accepting environment.

When expanding this session, consider bringing in speakers (from adoption agencies, Children's Home Society, lawyers, clergy, teenage mothers, etc.). There are also a number of appropriate films to be used in the classroom (See Appendix C).

PREGNANCY ALTERNATIVES

SAMPLE LESSON PLAN

I. INFORMATION-SHARING

Purpose: To review the decision-making model and to provide information concerning the various options in relation to an unintended pregnancy.

Process: Information-sharing/discussion

Materials: None required

Description: See page 287

50
10
40
20
30

15 minutes

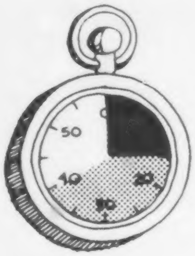
II. A LOVE STORY (Part II)

Purpose: To examine the legal, social, medical and cultural concerns and values relating to each of the various alternatives.

Process: Small group exercise and large group discussion

Materials: Newsprint with markers

Description: See page 289



25 minutes

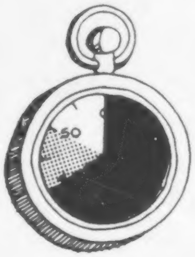
III. ANONYMOUS QUESTIONS

Purpose: To provide students with an opportunity to ask questions they did not feel comfortable asking in the large group.

Process: Anonymous written questions answered by teacher or discussed by class

Materials: Small slips of paper, extra pencils, container

Description: See page 292



10 minutes

INFORMATION-SHARING

Purpose:

One important aspect of decision-making is to be fully informed about the various alternatives available in a given situation. This exercise, in the process of reviewing the decision-making model, provides students with information on adoption, abortion, and some of the considerations involved in continuing an unintended teen pregnancy and raising the child.

Time Required: 15 minutes

Materials: Blackboard or newsprint with marker

Procedure:

Before class, write the 5-step decision-making process on the board.

a) Identify the problem
b) Brainstorm alternatives
c) Examine consequences of each
d) Choose what's right for you
e) Determine plan of action

1. Explain to the class how one of the most important aspects of making a decision is to carefully consider all the alternatives. In order to accurately consider alternatives, one has to be fully informed.

2. Ask the class: "What are the alternatives that a woman (a couple) has when she has an unintended pregnancy?"

3. Writing those alternatives on the board or newsprint (usually: abortion, adoption, keeping the baby); discuss each one. Focus on:
   - Explaining what each entails
   - Legal considerations (particularly as they relate to teens, both males and females)
   - Financial aspects
   - Medical considerations

4. Sum up by explaining that part of making good decisions is having accurate, up-to-date information. Refer back to the decision-making chart and explain that when we examine consequences, we need to have factual information. After we have the proper information, we can then begin looking at some of our feelings about the various alternatives. For most people, making a decision about an unplanned pregnancy requires a lot of careful thinking and getting in touch with feelings.

Suggestions:

Fifteen minutes is very little time to cover all the relevant information about the various alternatives. If possible, try to schedule more time. Some teachers have brought outside speakers to serve on a panel to discuss the various alternatives.

PREGNANCY ALTERNATIVES
Session VIII

This information-sharing session, especially because of the limited time, focuses on the factual aspects. Following exercises should be designed to help students examine and clarify their feelings about the various alternatives.

A LOVE STORY - PART II
(Dealing with an Unplanned Pregnancy)

Purpose:

This activity is designed to give students an opportunity to apply the decision-making process to the problem of an unintended teenage pregnancy. It also allows students an opportunity to explore and share feelings and values concerning the alternatives related to an unplanned pregnancy.

Time Required: 25 minutes

Materials: Newsprint with markers

Procedure:

1. This activity is a continuation of the "love story" about Kathy and Danny. At the end of that story, Kathy and Danny were left alone in the house, and there was a possibility that they were going to have sexual intercourse. Part II of the activity is designed to help students explore the steps and decisions Kathy and Danny would need to make in the event they ended up becoming sexually active and having a pregnancy.

2. Finish reading the end of the Kathy and Danny "Love Story":

A Love Story - Part II

As you remember, Kathy and Danny are students in high school who had been going together for eight months. Kathy is a junior and Danny is a senior. Although they had decided at one point that they weren't ready to have sexual intercourse, Danny, who had been getting a lot of pressure from his friends, was pushing Kathy to have sex with him. Kathy found herself confused, not wanting to lose Danny but at the same time not being sure that she was ready for sex. Neither her best friend or her favorite teacher were able to give her much help. Four weeks ago they went to the movies together (it was their first date since Danny had started going out with other girls), and they came back and found themselves alone at Kathy's parents' house. They ended up having sexual intercourse for the first time.

After that, things seemed to get better for Kathy and Danny. At least they were spending a lot of time together, and some of the tension seemed to have gone from their relationship. Kathy thought that maybe it was okay that they had had sex. But two weeks passed, three weeks passed, and now four weeks have passed; and Kathy has not had her period. She is very scared that she is pregnant. When she told Danny, he got uptight and nervous and switched the subject. They are spending less time together, and Kathy is feeling very alone again. Kathy has been crying a lot lately and has been acting very depressed around the house. After school one day she is in her bedroom. When her mother comes in and asks Kathy why she has been acting so depressed in the last few weeks, Kathy bursts out crying. She says, "Mom, I think I'm pregnant". When Kathy says this, her mother gets very upset and says to her, "Kathy how could you do this to us? You have shamed us and have shamed the whole family." Her mother turns and walks out of the room.

Kathy is left crying on her bed.

What should Kathy do?

What should Danny do?

3. Break the students up into small groups of 5-7 and tell them that they are to use the 5-step decision-making process to outline Kathy and Danny's situation and make a decision about the pregnancy.

   Tell them they have about 10-15 minutes to come to a majority decision, including an action plan which includes the names of specific agencies in your community where Kathy can go for counseling and medical care, depending on which alternative is chosen.

   Circulate among the groups to answer questions and act as an information resource for those groups which are not familiar with local services.

   Optional approach: Instead of (or in addition to) the small groups, provide each student with a copy of the decision-making guide (see following page). Ask the students to spend 10-15 minutes individually filling out the form. Spend a minute or two explaining the chart so it is clear what the class is to do. Make sure you clarify that there are no right and wrong answers to this exercise.

4. Back in the large group, ask the following questions for discussion. This will be a time for clarifying some of the laws, regulations, and procedures involved in the various alternatives.
   a. What was your group's decision? (Ask each group.)
   b. What were some of the considerations involved in each of the options?
   c. Did anyone in your group disagree with the decision?
   d. Where should they go for help?
   e. Do you have any further questions about any of the alternatives?

5. Time permitting (and as a lead-in for a session on birth control), have the class discuss the reasons why Kathy and Danny didn't use birth control. You could expand it into a more general question to discuss why most young people don't use birth control in their first year of sexual activity.

DECISION-MAKING GUIDE

1. Carefully define Kathy/Danny's problem:

Who could Kathy and/or Danny go to in order to get help clarifying their problem?

2. List three alternatives that Kathy and Danny have:

a. ______________________________

b. ______________________________

c. ______________________________

3. List two advantages and two disadvantages for each of the alternatives above:

	Advantages		Disadvantages
a.	____________	a.	____________
	____________		____________
b.	____________	b.	____________
	____________		____________
c.	____________	c.	____________
	____________		____________

4. What do you think Kathy and Danny should do and why?

ANONYMOUS QUESTIONS

Purpose:

Anonymous questions allow students to ask questions they might have felt uncomfortable asking during the information-sharing discussion. There are many teens who have either experienced or know someone who has experienced an unintended pregnancy. They often are confused about some of the various legal and medical laws and procedures. Anonymous questions can give them a chance to clear up any misinformation.

Time Required: 5 - 10 minutes

Materials: Strips of paper, extra pencils, container

Procedure: (See description page 191)

Suggestions:

By this point in the program, questions may not need to be handled anonymously. You will need to base that decision on the prevailing atmosphere of the class and the success in promoting discussion during the previous exercises.

We've included a list of typical questions and possible responses. A teacher would obviously adjust his/her style as appropriate.

Typical Questions and Responses

ONCE A BABY HAS BEEN ADOPTED, CAN ITS NATURAL PARENTS GET IT BACK?

No--once the adoption is final, if it has been arranged through an official adoption agency, the natural parents give up all rights to the child. Sometimes the child can be recovered if the adoption has been arranged through a private doctor or lawyer. Although these adoptions can be legal, there can sometimes be some loopholes in the law which will allow recovery of the child.

WHY DO THEY KEEP THE TWO SETS OF PARENTS FROM MEETING AND KNOWING WHO THEY ARE?

Adoption laws were originally written to protect and provide for homeless children. In order to protect the child from the confusion of being confronted or possibly abducted by its natural parents, it is considered the best policy not to introduce both sets of parents to each other.

WHY DON'T THEY TELL YOU WHO YOUR REAL PARENTS ARE WHEN YOU REACH 18?

A number of state legislatures are considering allowing this in the near future. Already, adoption agencies are keeping track of which natural parents would like to be contacted by their children in later years if the laws should change.

JUST HOW IS AN ABORTION ACTUALLY DONE, AND DOES IT HURT?

Methods of abortion vary according to how far along in the pregnancy the woman is. In the first trimester, a common method is called vacuum aspiration. The woman is usually awake, and the procedure takes approximately 15 minutes. The doctor inserts a small flexible tube into the woman's uterus, through the vagina. The tube is connected to a vacuum pump machine which quickly and gently suctions out the lining of the uterus, along with the developing fetus. The amount of cramping which accompanies this procedure varies from slight to severe, depending on the skill of the doctor, the size of the woman's uterus, her response to pain (pain threshhold), and her emotional state of mind. Second trimester abortions are done in hospitals, and may be done in a similar way, only with the woman under general anesthesia.

DOES THE BABY FEEL IT WHEN THE WOMAN HAS AN ABORTION?

Nobody knows for sure.

WHAT DO THEY DO WITH THE FETUS AFTER ABORTION?

The contents of the uterus are examined to be sure that there is no fetal tissue remaining inside the uterus which can cause infection. Then it is disposed of the same way hospitals normally dispose of tissue removed from people during surgery (which is by incineration).

WHAT IF THE BABY IS STILL ALIVE AFTER THE ABORTION?

This is very rare. However, if the baby survives, the doctor's Hippocratic Oath to preserve and protect life requires him/her to save the baby if possible. This is one reason why many doctors hesitate to perform late-term abortions.

ISN'T ABORTION MURDER?

Webster defines murder as "the crime of unlawfully killing a person especially with malice aforethought." Basically, judgment on this depends on a person's individual values. Abortion does in fact kill the fetus; however, it is doubtful that most women who have an abortion experience it as murder.

WILL AN ABORTION MAKE YOU STERILE?

Studies show that there are no higher rates of sterility among women who have had legal abortions, performed by specially trained medical professionals. There is some concern, however, that repeat abortions increase the rate of miscarriage and premature birth.

DO PARENTS HAVE TO TELL THEIR KIDS IF THEY'RE ADOPTED?

No. It's recommended, but there is no law which can force them to. By the way, it's normal to go through a stage in which you wonder if you were adopted.

CAN YOU GET MARRIED WITHOUT YOUR PARENTS' PERMISSION?

In California, if the couple is under 18, both sets of parents must consent, or the couple must get permission from a local judge. Even if the couple is over 18, it would probably be a good idea to get their parents' blessing anyway.

CAN YOUR PARENTS HAVE YOUR MARRIAGE ANNULLED?

This doesn't happen very often. Threats are one thing; court action is another. It might be possible, if they could prove that continued marriage would be disastrous to the couple and/or society--but it is highly unlikely.

WHAT IF THE GUY DOESN'T PAY CHILD SUPPORT--WHAT COULD HAPPEN TO HIM?

He could have his wages attached, he could get arrested and sent to jail, not to mention feeling guilty about not being a responsible father.

WHY SHOULD THE GUY HAVE TO PAY SUPPORT IF HE DIDN'T WANT THE GIRL TO HAVE THE BABY AND KEEP IT?

That's the law: If a guy fathers a child, he is responsible for it. If he didn't want the girl to have a baby, he probably could have taken responsibility to prevent the pregnancy.

DO THEY HAVE TO TELL YOUR PARENTS IF YOU GET AN ABORTION?

No, according to California laws, minors can consent to their own medical care for abortion. Most clinics consider eligible minors as people over the age of 12. However, most parents would probably prefer that their daughter seek their advice and support when considering any kind of medical care.

HOW MUCH DOES IT COST TO GET AN ABORTION?

Fees vary, depending on whether the abortion is being done in a doctor's office, clinic setting, or hospital. The least expensive abortions are first trimester abortions done in the doctor's office or a clinic. This is because early abortion is very safe and there are fewer possibilities of complications as well as the fact that general anesthesia and costly hospital facilities are not needed. Fees also vary from community to community. Generally, the range of fees for early abortions is $150 to $300. Abortions beyond the first trimester require a hospital stay, and fees may range from $350 to $500 and more. In some areas of the country, where abortions are difficult to obtain, it can be much more expensive.

BIRTH CONTROL

SESSION IX SENIOR HIGH

SESSION IX: BIRTH CONTROL
OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Examine the issues involved in making a decision to obtain and use contraception
- Review available birth control methods and how they work
- Understand the laws, regulations and community resources related to contraceptives

INTRODUCTION AND APPROACH

Before beginning any discussion about birth control, it is important to clarify that the purpose of the class is not to encourage sexual activity, but to present factual information about birth control which may be helpful in making an intelligent decision about it at some time in the student's life. It is better to have information before it is needed than to risk an unplanned pregnancy because of ignorance or misinformation. The teacher also needs to remember that there are a number of people in our society who for religious or moral reasons reject the use of most or all methods of contraception. Their point of view must also be mentioned when introducing the subject of birth control.

Despite widespread availability of birth control, teenagers tend to be surprisingly ignorant about it. Very few teens seek contraception before they begin their first sexual activity, and most who become sexually active never consistently use an effective method of birth control. Although teen males play a major role in whether or not contraception is used within a relationship, they oftentimes tend to be ignored during birth control discussions. They may also be resistant to participate because it seems most methods of birth control are designed for women to use. They can be included in discussions however, both when talking about male options (abstinence, condoms, withdrawal) as well as when discussing ways to support the woman's use of other methods.

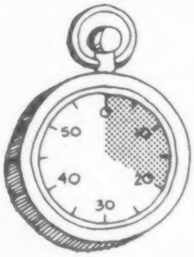
The first part of the lesson plan briefly reviews some of the methods and laws relating to birth control. The second part presents a fun group activity/ exercise that allows students to try out various decision-making strategies around the use of birth control and the planning of families. We are not so much concerned about providing in-depth, detailed information about birth control methods. Sexually active teens who need that information can obtain it from a clinic or doctor. However, it is important to talk about its availability and to provide students with enough information that, should they need birth control, they will take the responsibility to obtain it.

BIRTH CONTROL

SAMPLE LESSON PLAN

I. BIRTH CONTROL INFORMATION REVIEW

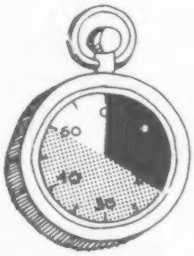
Purpose:	To review information concerning birth control methods, laws, regulations and resources.
Process:	Structured information-sharing
Materials:	Blackboard or newsprint; (Optional) student handouts
Description:	See page 299



20 minutes

II. PLAN-A-FAM

Purpose:	To examine the issues involved in making a decision to have sex, use contraceptives, or become a parent.
Process:	Structured game and role play
Materials:	Plan-A-Fam Game (see description)
Description:	See page 301



30 minutes

INFORMATION REVIEW

Purpose:

By high school, most students will have picked up some information about birth control (though much of it may be inaccurate). This activity is designed to review and discuss information concerning birth control methods, laws, regulations, and resources.

Time Required: 20 minutes (minimum)

Materials: Blackboard or newsprint with markers

Procedure:

1. It is very important to begin the discussion with some clarifying remarks to put birth control into perspective:
    a. Make it clear that you are not assuming that the students are or should be sexually active. Abstinence is a valid choice for students.
    b. The purpose of the activity is to present factual information about birth control. If the students don't need it now, they may need it sometime in the future. Thinking about it in advance aids decision-making.
    c. Values vary; some religions and some individuals do not believe in the use of birth control. The use of birth control is a personal, individual decision. No method is 100% effective except abstinence.
2. Start the discussion by having the class define "birth control" and "contraception".
3. Continue discussion about two topic areas:
    a. What are the reasons some community people and some parents are opposed to providing teens with birth control information and/or care?
    b. Why don't most sexually active teens use birth control when they have intercourse? What kinds of things make it difficult for young people to obtain birth control effectively?
4. Have the class brainstorm all the methods they can think of. Write them on the blackboard. (Add those the students might be unaware of.) Allow the students to determine which ones they want to hear about.
5. Using the following chart (written on the board before class), discuss those methods the students are most interested in hearing about. When possible, solicit information from the students.

METHOD	Rx or non-Rx	How it Works	Effectiveness

Be brief in the explanations of how the methods work. Be sure to also cover the laws related to the provision of birth control for minors, as well as the community resources available to teens.

Suggestions:

We don't feel it appropriate, given the short amount of time available, to spend time instructing in the actual use of birth control methods. Most health clinics and Planned Parenthoods can provide that type of information in depth for those students for whom it is most appropriate. However, there does tend to be a great deal of curiosity about the methods. Sometimes bringing in the actual methods (perhaps with a speaker from a family planning organization) can help simplify and lessen the fear that may exist among some of the sexually-active non-contraceptors in the classroom. This may also be one of the few times that the males in the class get a chance to become more knowledgeable about birth control. An extra day on this subject could be very helpful.

PLAN-A-FAM

Purpose:

The purpose of this activity is to illustrate the actual probability of pregnancy, considering whether or not birth control is used, or which methods are used. The game also gives students the opportunity to try out various decision-making strategies and get a sense of how successful these strategies could be in achieving goals they set. The use of specially-marked dominoes and playing cards is especially effective in involving guys in a birth control discussion.

Time Required: 20 minutes per game

Materials:

Plan-A-Fam Game Board, 3 complete sets of double-six dominoes (specially marked), 2 packs of playing cards (jokers removed), buttons or markers (six each of following colors: pink, blue, white, gray), newsprint and markers or blackboard. See page 303 for game construction and instructions.

Procedure:

1. Explain the purpose of the game (see Purpose above).
2. Choose a volunteer to be the primary decision-maker, with other members of the class free to try to influence the volunteer throughout the game process.
3. Explain the playing board and rules, how students can participate.
4. Ask decision-maker with help of class to set the following goals for a fictitious teenager (write the goals down and set them aside):
    A. Any children desired? If so, how many?

    B. Age of young woman at birth of first child?

    C. Age of young woman at subsequent births?

    D. Is marriage desired? If so, at what age?

    E. Age of young woman at first intercourse?

    F. Is abortion allowed for her if she has an unwanted pregnancy?
5. Play the game, incorporating appropriate information about methods, community resources, side effects, decision-making, goal setting, etc.

6. Review the results of the game; pointing out probability of pregnancy wherever green dominoes appear if the woman were not using birth control.

7. Ask students if they had it to do over again, would they make the same decisions? If not, and time allows, play a second game with same goals and this new decision-making strategy; comparing results of first with second game.

Suggestions:

Read carefully pp. 303-308 for game construction and facilitation. Practice by playing game with friends or colleagues at least five times before presenting to the class. It is extremely helpful to have gone over the game many times so that you know how to deal with possible questions or confusion in playing rules which may occur when the game is played in the classroom.

PLAN-A-FAM DISCUSSION CHART

Introduction:

A common concern among family life teachers is the fact that even though many young people have knowledge about conception and contraception, we still continue to see high rates of unwanted pregnancy among teens. Planned Parenthood couselor/educators report that the initial visit of most teens to birth control clinics is for pregnancy testing, not contraceptive services. They also tell us that a teen's most common reaction to a positive pregnancy test is, "I never thought it could happen to me!"

Experiences in many high school family living classes have shown that most students are already aware of birth control, and have some idea how to obtain it. We feel that this basic information should be reviewed with all students in family living programs, when appropriate. However, students need to understand the very real probability of pregnancy when people are sexually active without using effective contraception. They also need to be aware of personal values and life goals in order to make responsible decisions about their sexuality and their fertility.

The Plan-A-Fam Discussion Chart is an extremely useful teaching aid which can be used to stimulate effective discussion about family planning methods as well as to introduce important concepts of goal-setting, decision-making strategies, and the consequences of those decisions. The chart can be used with groups of any size (up to 35 students).

The chart takes a hypothetical girl through her reproductive years from age 14 to 50. At the beginning of the discussion session, the teacher asks for a student volunteer to be the primary decision-maker, while other students can try to influence the goals set and decision-making strategy used in the course of the discussion process. After the discussion process is completed, the teacher reviews the process with the group and may use the scoring system to see how close the decision-strategy came to meeting the goals set at the beginning of the discussion.

The following are instructions for how to construct the discussion chart materials and how to facilitate the discussion process. Special acknowledgement and thanks to Dr. Kate Finnseth, Medical Director of Planned Parenthood in San Jose, who invented this chart and wrote the paper from which we have adapted the instructions which follow. (Plan-A-Fam II: A Role-Play Game for Population Education)

SPECIAL NOTE OF CAUTION: Sometimes parents and administrators have concerns about discussing contraception with adolescents. There may be some particular concerns about discussing issues of sexual activity, birth control, abortion, etc. in the context of a discussion process that has the appearance of a game. Any teacher who uses these materials should be cautious about avoiding flippancy in presentation, and have a well-defined rationale for using Plan-A-Fam. (see above)

BIRTH CONTROL
Session IX

Preparation of Plan-A-Fam Discussion Chart Set:

Materials needed:

piece of stiff white paper or cardboard at least 26" x 30"
For the chart on which the time course of a reproductive lifespan can be visualized. Cardboard is preferable for durability, covered with clear contact paper for protection of the paper.

3 complete sets of double-six dominoes
Each domino represents a six-month time period during the reproductive years. Colored marks on the dominoes provide the major source of uncertainty in the discussion process--the odds of certain events occuring during the course of a woman's reproductive life time.

2 packs of ordinary playing cards without jokers
The cards are used in conjunction with the dominoes to confirm more accurately the probability of certain events occuring.

marking pens -- black, blue, green, yellow, red, orange
Choose a blue and a green with different intensities for possible colorblind players. The markers are needed for preparation of the chart and for marking the dominoes. Make sure that the markers you choose will color the spots on the dominoes.

buttons or other colored markers
To denote the occurrence of special reproductive events on the discussion chart. At least six of each color are needed:

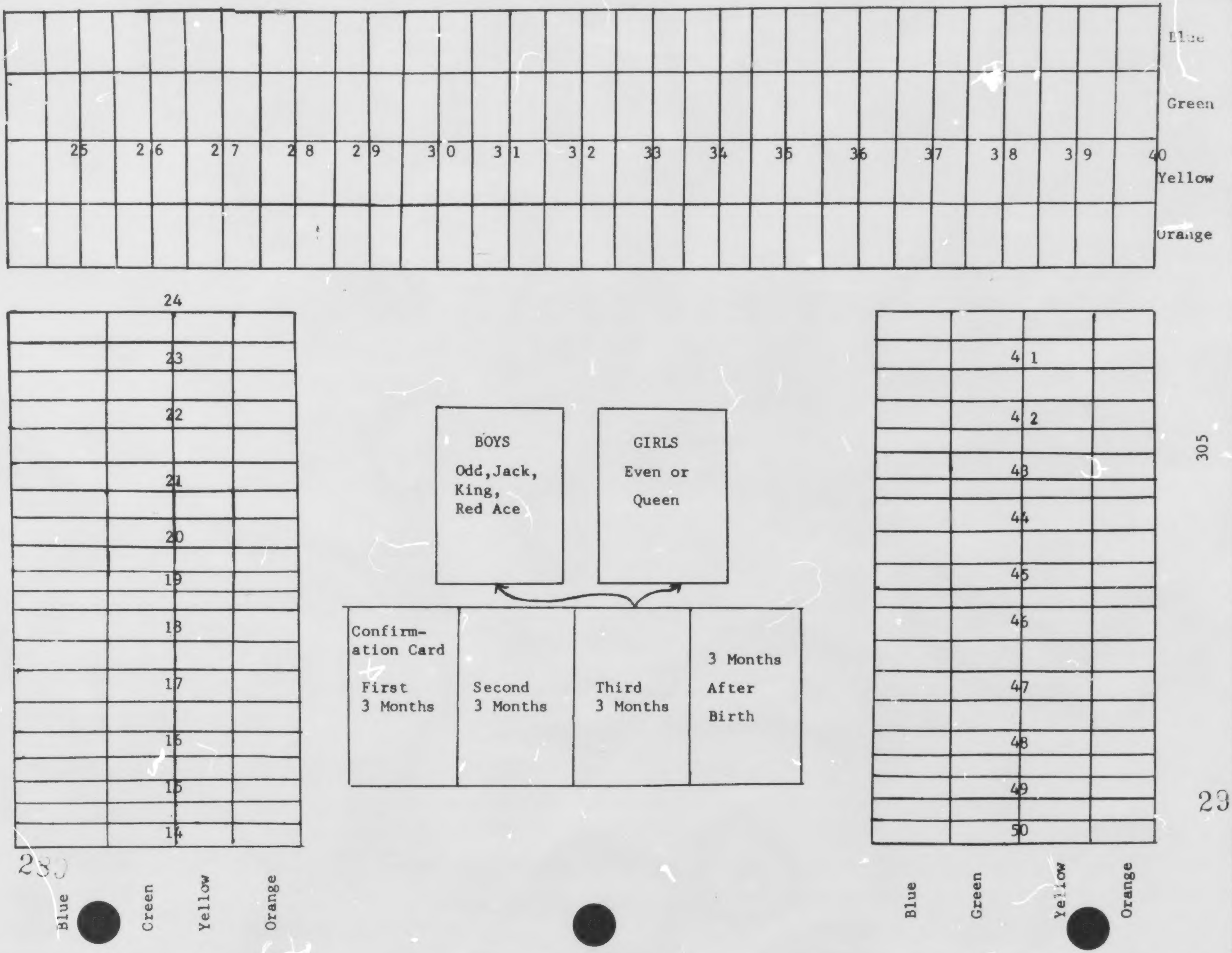
blue for boy babies
pink for girl babies
white for spontaneous abortions (miscarriages) and deaths
gray for induced abortions

Draw and label the discussion chart as in attached diagram. Make each of the small spaces large enough to accommodate one domino. Color columns the colors indicated on the diagram:

Not exposed to pregnancy: blue
No protection (& folk methods): green
Good contraception: yellow
Excellent contraception: orange

The dominoes from all three sets are combined and marked as follows:

Color	Domino	How to mark
Red	4/4, 5/5	both ends colored red
Yellow	6/4, 6/0 6/5, 6/6	6-end colored yellow
Orange	6/5, 6/6	other end colored orange
Blue	5/1, 5/2, 5/4	5-end colored blue
Green	all dominoes with 1, 2, or 3 spots on either or both ends	color all 1, 2, or 3-spot ends green; those with both ends colored are for folk methods (fairly ineffective) of contraception


Blue
Green
Yellow
Orange
BOYS
Odd, Jack, King, Red Ace
GIRLS
Even or Queen
Confirmation Card
First 3 Months
Second 3 Months
Third 3 Months
3 Months After Birth
Blue
Green
Yellow
Orange
Blue
Green
Yellow
Orange

Instructions for Discussion Facilitation:

The teacher asks for a volunteer student to be the primary decision-maker during the discussion process. Other students may try to influence the volunteer's goal-setting and decision-making strategy. In setting goals, the teacher will ask the following questions:

1) Does she want to have any children at some point in her life?
   If so, how many?
   At what age?
   Any preference for boys? girls?
   If so, in what order?

2) Does she plan to get married?
   If so, at what age?

3) Does she plan to go to college? Have a career?

4) Age of first intercourse?

5) Will abortion be allowed? (Is it part of her value system?)

The teacher should be careful not to let pre-conceived notions about teen sexuality influence the goal-setting sequence in the discussion. Also, for comparison's sake, you may want to go through several processes using the same goals but different decision-making strategies to see which strategy comes closest to achieving these goals. Another possibility is to go through the process *without goals*. This makes decision-making much more complicated and difficult, which is an effective demonstration of the importance of goal-setting as an aid to responsible decision-making. The teacher can point out that people who have concrete goals are more likely to be able to make decisions that will direct their lives the way they want them to turn out.

Extreme care should be taken to protect the self-esteem of the volunteer, by making it clear to everyone that the volunteer may use whatever goals and decision-making strategies s/he wishes, and that this represents a fictitious character's goals and decisions to be examined for the sake of discussion only--it does *not* necessarily reflect the personal values or actions of the volunteer. Also, students may need a gentle reminder not to get too silly about their freedom to set goals and make decisions, otherwise the discussion will lose its value in presenting real possibilities of pregnancy and enhancing decision-making skills. Most of the time however, students will rapidly become quite involved in the discussion process, and need little control or prodding to participate in a mature manner.

The teacher should review the chart and materials to familiarize the students with how it is used, emphasizing that probabilities of pregnancy, miscarriage, separations, deaths of children, menopause, and sex of children are based on actual census data, and are reflected in how the dominoes are marked and the assigned significance of each playing card.

The use of a scoring system is optional. If used, the teacher should explain the scoring system, which will be used to evaluate the decision-making strategy at the end of the discussion process. The group will start with a perfect score of 10, and a point will be deducted if any of the following negative, or generally undesired events have occurred in the course of the discussion process:

- abortion
- miscarriage or stillbirth
- each child too few or too many
- each child of the wrong sex
- death of a living child
- too close spacing (need at least 6 months between pregnancies)
- going beyond 10 years of pill or I.U.D. use

To prepare for discussion, shuffle the cards and place them face down at bottom of the chart.

Shuffle the dominoes face down, then line them up in the blue spaces. (Some dominoes will be left over; set these aside without turning them up. This removes some of the possible chance events from the game, but which ones are removed is unknown, so that not even a player familiar with this discussion process can predict future events during the game.)

Dominoes each representing six months of the hypothetical woman's lifetime are initially aligned face down on the chart in the NOT EXPOSED TO PREGNANCY column.

As time passes and the woman ages, the dominoes are turned up one by one. They are then placed in any one of the four parallel columns to indicate the woman's fertility state during a particular six-month period.

The columns represent the states:

NOT EXPOSED TO PREGNANCY	BLUE
NO PROTECTION (AND FOLK METHODS)	GREEN
GOOD CONTRACEPTION	YELLOW
EXCELLENT CONTRACEPTION	ORANGE

When all the dominoes have been turned up, the woman has reached 50 years of age and the discussion process ends.

A double-deck of ordinary playing cards (with jokers removed) is used to refine probabilities in the discussion process in two ways:

1) by confirming that an event, suggested by the domino turned up, has in fact occurred;
2) by providing a finer time resolution, into three-month periods, for the periods of pregnancy, birth, and lactation.

In real life, a woman's sexual and childbearing state is determined partly by choice, and partly by chance. So it is in Plan-A-Fam. The number of spots and the colored marks on each of the dominoes indicate whether an event has occurred during the six-month period represented by the domino which might influence the woman's fertility state. For an event to materialize, it must be confirmed by a card drawn from the deck. If a change of state is confirmed by the card, the domino for the following six-month period will be placed in accord with the new state. If the card does not confirm the possible event suggested by the domino, no significant event has occurred during the six months, and the player may choose a fertility state for the next six months.

The following sections discuss what each column on the chart means, as well as the probabilities presented by the dominoes and confirmations indicated by the playing cards.

After the discussion process has ended, it is important to look back at the chart and examine the decision-making strategy that was used. If several games are played, these strategies can be compared. Also, it is very useful to point out all of the places on the chart where possible pregnancy could have occurred if the couple were using no contraception, compared with the relatively fewer places where pregnancy could have occurred if good or excellent contraception had been used, as well as the lack of risk or pregnancy if abstinence is practiced.

Fertility States:

NOT EXPOSED TO PREGNANCY (BLUE) COLUMN:

While in this state, a woman may not be exposed to pregnancy for any of the following reasons:

1) She has not yet begun sexual relations.

2) She is voluntarily abstaining from sexual reltaions--this decision may be reversed at any time.

3) Other social conditions, not necessarily voluntary: separation, divorce, widowhood, breaking-up-with-boyfriend, work-related separation, etc; or medical problems of the woman or her mate. The occurrence of these events which result in involuntary non-exposure to pregnancy is indicated by turning up a domino with blue dots, confirmed by an ace through 10 of diamonds. This state of involuntary non-exposure to pregnancy ends only when another domino with a blank end is turned up.

4) The woman or her mate may elect to have sterilization surgery. If the woman has the surgery, all remaining dominoes are played in the blue column. If the man has a vasectomy, the remaining dominoes are examined for chance of change of sexual partner, since the woman is still capable of bearing children.

5) Menopause has occurred, indicated by drawing a blue-spotted domino after age 38, confirmed by drawing ace through 10 of hearts.

WHENEVER THE WOMAN LEAVES THE BLUE COLUMN, SHE IS FERTILE, UNLESS THE COUPLE IS USING A CONTRACEPTIVE TO AVOID PREGNANCY.

NO PROTECTION AND FOLK METHODS (GREEN) COLUMN:

While in this state, the hypothetical woman is physically capable of becoming pregnant and is having sexual relations regularly. There are no medical reasons for her not becoming pregnant, and she is either not using any means of avoiding pregnancy, or she is using folk or relatively ineffective methods (douching, withdrawal, or rhythm).

A late period is indicated by a domino with green spots on either end, and confirmed by drawing two through 10, any suit.

If a couple is using folk methods of contraception, a late period is indicated by a domino with green spots on both ends, and confirmed by drawing two through 10, any suit.

GOOD CONTRACEPTION (YELLOW) COLUMN:

The couple is using one of the following means of birth control: diaphragm with cream or jelly, contraceptive suppositories, foam or condoms.

EXCELLENT CONTRACEPTION (ORANGE) COLUMN:

The couple is using the pill, an I.U.D., or foam and condoms combined. According to the scoring system, points will be deducted at the end of the discussion process for using excellent contraception for more than a total of 10 years per one lifespan. The reason for this is that there is growing concern about the possible long-range side effects of both the pill and the I.U.D.

PREGNANCY, MISCARRIAGE, AND ABORTION:

A late period is indicated by turning over a domino with spots which match the column being used, i.e., green spots in the green column, yellow spots in the yellow column, orange spots in the orange column.

This must be confirmed by drawing two through 10 of any suit.
This first card is placed in the center of the board in the square marked "Confirmation Card, First 3 Months of Pregnancy." If a face card of any suit is drawn, there was no pregnancy (close call). If an ace is drawn, a miscarriage has occurred. Also, if the woman is under 15 or over 38, a two also indicates a miscarriage (very young women and older women have higher risks of miscarriage).

Second Three Months of Pregnancy:

A second card is drawn to indicate the status of the pregnancy during the second trimester. Again, an ace indicates miscarriage.
2-10 means healthy pregnancy continuing
except 2 indicates miscarriage for under 15 & over 38
(white marker)

Third Three Months of Pregnancy:

A third card is drawn to indicate the outcome of the pregnancy:

Black Ace indicates a stillbirth
2-10 confirms:
    Boy: odd number, Jack, King, Red Ace (Blue marker)
    Girl: even number, Queen (Pink marker)
2 also indicates stillbirth if over 38 & under 15
    (white marker)

Abortion:

The woman may choose abortion at any time during the pregnancy. A gray marker is placed over the domino at the point at which this decision is made.

Three Months after Birth:

A fourth card is drawn to indicate the health of the newborn infant.

2-10 means baby is healthy
Black Ace indicates a neonatal death
Black 2 indicates a neonatal death if the woman is over 38 or under 15

Death of a living child:

Is indicated by turning over a domino with red spots, and must be confirmed by drawing a spade with the same number value as the child. Without confirmation of this card, the child can be thought to have had a "close call."

METHODS MATCH (OPTIONAL)

Purpose:

This activity is designed to help students identify different methods of birth control, their effectiveness, use, side effects, and safety. It also can help to develop an awareness that birth control is an important responsibility to consider if one is sexually active. This activity will help students become familiar with community resources which provide birth control services for teens.

Time Required: 10-15 minutes

Materials:

3 ft. x 2½ ft. chart; 54 completed information cards (Instructions for making cards at end of activity) Optional: Reproductive System charts and birth control kit for providing additional information.

Procedure:

1. Instruct class on purpose of activity.
2. Mix cards up.
3. Distribute cards to class as evenly as possible.
4. Place blank chart on table.
5. Instruct students to individually lay their cards over appropriate blank boxes on the chart. After doing so, gather round the table.

Processing:

1. After each student has placed her/his card on the chart, the entire group makes any necessary corrections.
2. Teacher corrects any inaccurate placements of cards and asks for feedback on exercise from group.

General Comments:

1. If this activity is used in conjunction with other teaching methods, it is best used at the end of the period as a review.
2. The following page is a completed version of the Birth Control Game. To make your own, do the following:
    a. Construct a 3 ft x 2½ ft blank chart using the methods chart as a model.

(Adapted from TAHC PROGRAM GUIDE, July 1976.)

b. Write top and side headings on chart.

c. Draw blank 3 in. x 5 in. boxes on chart.

d. Transfer information contained in each box on the attached model onto 3 x 5 index cards. There will be 54 cards in total.

3. Before students do this exercise, it is a good idea to discuss abstinence as an alternative. Tell them that this exercise is a way to review factual information and should not in anyway be seen as encouraging them to be sexually active.

	PILL	IUD	DIAPHRAGM
WHAT IS IT?	Synthetic versions of female hormones	Small devices of different sizes & shapes	Rubber cup with a flexible rubber rim
HOW IS IT USED?	Taken of 5th day after menstruation begins, taken daily for 21 or 28 days	Inserted into uterus by clinician	Inserted into vagina and fits over cervix
HOW DOES IT PREVENT PREGNANCY?	Prevents development of egg in the ovary	Believed to cause an inflammatory reaction which prevents implantation	Sperm prevented from entering cervical canal & has chemicals to kill sperm
PERSONAL CONSIDERATIONS	Must be taken daily Alters normal physiology	Must check to see if device is in place	Must use it every time one has intercourse Must be used with cream or jelly
SIDE EFFECTS	Weight gain Headaches Nausea	Excess bleeding Excess cramping	Cream or jelly may irritate vagina and/or penis Chance of bladder infection in some women
THEORETICAL EFFECTIVENESS ACTUAL	99.6/96-90	99-97/95	97/83
SAFETY	Possible factors linked with increased risk of stroke Long term effects unknown Dangerous for some women	Perforations Infections May cause changes in uterus lining after 4-5 yrs. of use	Only risk is pregnancy
LOCAL RESOURCES	List your local resources	List your local resources	List your local resources

CONDOMS	FOAM	RHYTHM
Sheath of latex rubber	White aerated contraceptive cream	Determination of fertile phase of cycle
Fits over erect penis before intercourse	Inserted into vagina before intercourse	No intercourse during fertile phase
Prevents semen from entering vagina	Chemical barriers and kills sperm	Sperm is not deposited in vagina
Must use it every time one has intercourse Must hold rim during withdrawal	Two applicators used no more than 15 min. before intercourse	Requires sense of personal responsi- & periods of possible coital abstinence
Can irritate vagina Can cut down on man's sensations	Can irritate vagina & penis	Possible emotional effects during periods of abstinence
97/90	97/78	87/79
Not applicable	Not applicable	Not applicable
List your local resources	List your local resources	List your local resources

BIRTH CONTROL MYTH GAME (OPTIONAL)

Purpose:

This activity addresses common myths about birth control, gives students credit for what they already know, corrects misinformation and gives students the opportunity to practice communicating about conception and contraception.

Time Required: 30-45 minutes

Materials: Myth/truth statements on 3 x 5 index cards, answer key

Procedure:

1. Prior to the class, write each statement with its number on an index card. (Taken from answer key)
2. In introducing the exercise, explain that we know that there are many myths or non-truths circulating around about birth control. In order to clear up some of the myths and get the facts straight, students will be playing a myth game.
3. Divide students into small, coed groups (4-6 students each).
4. Divide the cards evenly among the small groups.
5. Have students take turns reading the cards out loud. As each statement is read, the group discusses it and decides whether it is a truth or a myth. This process continues until all the cards are covered. Approximately one minute per card is allowed. One group member is appointed recorder and s/he writes down the question number and the team's answer (T=Truth, M=Myth) and stars the ones students want more information about.
6. When all groups have finished Round 1, they are told to pass their cards in a clockwise motion to the next group. Do this carefully so cards don't get mixed.
7. The process begins again. There are as many rounds as there are groups.
8. The teacher then reads the number of a statement and says whether it is a truth or myth. Students correct their answer sheets as the teacher goes down the list. They are told that anytime their group misses an answer that they should raise their hands.
9. Anytime there is an incorrect answer from any group, that is the time to read the full statement and go through the answer more fully.
10. The process of reading numbers and answers is repeated until all 20 questions are covered.
11. If time allows, ask groups to call out numbers of questions they had starred. More information on those items can be covered at that time.

Suggestions:

This can be a good activity, particularly if you do not have access to a movie or filmstrip which presents common myths and basic facts about contraception. Teacher should read through key in advance so that feedback can flow easily. A good follow-up to this activity would be anonymous questions.

BIRTH CONTROL
Session IX

1. Girls who haven't started their periods yet can't get pregnant. MYTH

   Sometimes a girl will ovulate just before her first period begins.

2. Girls don't get pregnant if it's their first time. MYTH

   Pregnancy can happen any time the girl has sexual intercourse, if an egg has been released.

3. Girls don't get pregnant if the penis doesn't actually enter the vagina. MYTH

   Even sperm deposited on the outside of the vagina can make it into the vagina and on up into the tubes. Sperm can even get through underwear.

4. Girls don't get pregnant if they have sex only during their periods. MYTH

   Girls can get pregnant at any time during their cycles, especially if they have short or irregular cycles.

5. Girls don't get pregnant if they have sex standing up. MYTH

   Girls can get pregnant in any position. Sperm aren't affected by gravity.

6. Douching after sex will wash out the sperm and protect against pregnancy. MYTH

   She can't douche fast enough to catch the sperm, and douching may even help the sperm reach the tubes faster.

7. Urinating after sex will wash out the sperm. MYTH

   Urine doesn't pass through the vagina--instead it leaves the body through the urethra, which runs parallel to the vagina.

8. The majority of sexually active teens use birth control. MYTH

   53% of the sexually active 15-19 year olds don't use birth control every time they have sexual intercourse.

9. Teens have about a third of all abortions done in the U.S. TRUTH

   These figures are from Z.P.G.: Teenage Pregnancy: A Major Problem for Minors, 1977.

10. Abstinence means having sex but holding back the sperm to prevent pregnancy. MYTH

    Abstinence means not having sexual intercourse at all.

11. If a man has a sterilization operation, he won't be able to have sexual intercourse anymore. MYTH

    Vasectomy has no effect on the man's hormones or ability to have sexual intercourse. Fluid is still released when he ejaculates, but this fluid does not contain sperm. The body continues to produce sperm, which is absorbed by the body.

12. A woman is protected from pregnancy the day she begins taking the pill. MYTH

Most physicians recommend that women should abstain or use a back-up method of birth control for the first seven to fourteen days when she begins using birth control pills. After this initial period, the woman is protected every day, including during menstruation.

13. No one knows for sure how IUD's work. TRUTH

There are a number of theories, but there is no conclusive evidence. One theory is that IUD's do not prevent conception, but instead prevent implantation of the fertilized egg. Some of the newer chemical IUD's (Cu7, Progestasert) may chemically alter the uterine environment so that sperm are hindered from reaching the Fallopian tubes.

14. The diaphragm is inserted by a doctor, and remains in place until the woman desires pregnancy or a different method of birth control. MYTH

The diaphragm is inserted into the vagina by the woman or her partner up to 2 hours before sexual intercourse. It is worn during intercourse and must remain in place for six to eight hours after intercourse. After this waiting time, the diaphragm is removed until it is needed again.

15. Condoms aren't very effective because they break easily. MYTH

Condoms are 90-97% effective, depending on how carefully they are used. Condoms are inspected before being marketed, and safety regulations require that condoms be able to hold a large amount of air without breaking. Condoms should not be exposed to heat or Vaseline, as both can deteriorate the rubber and increase chances of breaking.

16. Foams and suppositories are as effective as birth control pills. MYTH

Spermicides range in effectiveness from 78-97%. To be used effectively, strict adherence to manufacturers' instructions must be followed. When spermicides are used correctly, along with condoms, every time a couple has intercourse, effectiveness goes up to 95-99%, which compares closely with pill effectiveness (90 to 99+%).

17. If a guy pulls out in time (before he ejaculates), he can protect the girl from pregnancy. MYTH

As soon as a male gets an erection, fluid from the Cowper's glands can carry enough sperm into the urethra to escape into the vagina and cause pregnancy, even before ejaculation. Men have no control over the release of this fluid.

18. The safe time for a girl to have sex is the five days before her period. MYTH

Relatively infertile or safe days in the rhythm method vary according to the individual woman's cycle length. Although some days during the cycle are relatively safe, there is no time during the cycle when a woman can be 100% certain that she cannot get pregnant.

19. The longer a couple doesn't use birth control without having a pregnancy, the less likely they are to get a pregnancy. MYTH

There are some cases in which one or both partners is temporarily permanently infertile. However, studies show that in a year's time, for every 100 sexually active couples who do not use birth control, 90 get pregnant.

20. If a woman has a sterilization operation, she stops having periods. MYTH

Tubal ligation only affects the Fallopian tubes by permanently blocking them so that the sperm and egg can't meet. The procedure does not affect hormone production, menstruation, or the woman's ability to have and enjoy sexual intercourse.

VALUES IN BIRTH CONTROL (OPTIONAL)

Purpose:

This values clarification technique uses values continuums to provide students with a chance to examine and clarify their personal feelings and values related to birth control.

Time Required: 15-20 minutes

Materials:

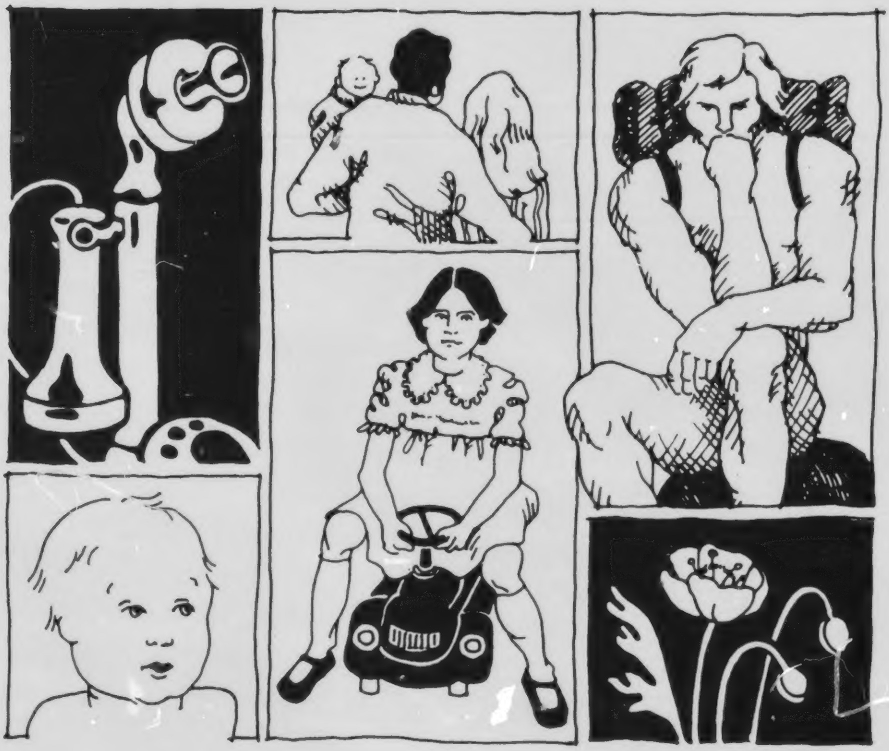
A fairly lengthy open space across the room and five posters reading: agree strongly, agree somewhat, unsure, disagree somewhat, disagree strongly.

Procedure:

(See description of the use of values continuums under "Values in Parenting" page 284 .)

The following are examples of statements that can be used with the continuums:

- Birth control is the woman's responsibility.
- Minors should be able to get birth control without their parent's consent.
- The government should pay for birth control for everyone.
- Birth control information should be required in all high schools.
- Husbands or wives should not be allowed to be sterilized without their partner's consent.



REVIEW AND EVALUATION

SESSION X
SENIOR HIGH

SESSION X: REVIEW AND EVALUATION

OBJECTIVES AND APPROACH

GENERAL OBJECTIVES

The students will:

- Examine what they have learned during the family life education program
- Have an opportunity to clarify any remaining questions
- Evaluate the unit and provide feedback to the instructor

INTRODUCTION AND APPROACH

As with the junior high program, to cover this amount of content and material in such a short period of time can seem overwhelming for both the teacher and student. We feel it is helpful to end the program by taking time to review what the group has been through together, and to evaluate the new level of factual information in comparison with the level of knowledge students had when they began the sessions.

Taking and correcting the post-test is an opportunity for students to review subject areas and ask remaining questions concerning factual material. It is also an opportunity for the teacher to examine areas which may need more emphasis in future programs. Students also seem to enjoy comparing class averages between the pre and post tests--it can be an opportunity for the class as a whole to feel good about how much they have learned. It is important to realize and stress that the post-test is not used for grading purposes, but as a way to review and evaluate the program. It is also important to stress that the post-test assesses only the factual parts of the program -- be sure to leave time to discuss the classes' feelings about what they have learned about themselves and about decision-making.

Written and verbal evaluations done by students are invaluable in planning future programs, and it becomes a positive stroke for students to be asked their opinions on how family life education can best meet their needs and those of their peers. If time allows, we recommend that the teacher share some of the students' comments (anonymously) with the class, and that he/she share some of his/her own feelings as feedback for the students.

If time can somehow be added, we strongly recommend both the use of I Learned Statements and Circle Compliments, the latter being an especially good exercise on which to end a program.

REVIEW AND EVALUATION

SAMPLE LESSON PLAN

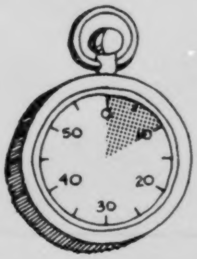
I. REVIEW AND EVALUATION DISCUSSION

Purpose: To examine and clarify what the class has learned during the unit. To provide an opportunity for additional questions.

Process: Discussion

Materials: (Optional) Blackboard

Description: See page 325



10 minutes

II. POST-TEST

Purpose: To examine and clarify what the class has learned and to evaluate the unit.

Process: Individual tests corrected as group

Materials: Post-tests, extra pencils

Description: See page 326

30 minutes

III. EVALUATION

Purpose: To evaluate the unit and provide feedback to the instructor(s).

Process: Individual evaluation sheets and discussion

Materials: Student evaluations, extra pencils

Description: See page 334

10 minutes

REVIEW/DISCUSSION

Purpose:

In order to provide closure and continuity, this discussion allows the students to examine and clarify what the class has learned during the unit. It also provides an opportunity for additional last-minute questions.

Time Required: 10 minutes

Materials: Blackboard

Procedure:

1. Before class, on the blackboard, write out the topics covered during the ten sessions.
2. Discuss the list, asking students to explain what went on during each session, what they felt the main points were, what they felt they learned.
3. As the sessions are being discussed, ask the students if they have any questions about material that was covered.

Suggestions:

If there is additional time, you might want to begin the class by having the students write anonymous questions. Take a minute to sort them into groups according to the various sessions, and then during the review process, read and answer them.

It is also possible to incorporate "I learned statements" (see page 339) into the review process.

POST-TEST

Purpose:

The post-test helps the students examine and clarify what they have learned during the unit. It serves to reinforce the cognitive aspects of their learning during the course, and it provides the teacher with an evaluative measure of the students' learning.

Time Required: 30 minutes

Materials: Post-tests and extra pencils

Procedure:

1. The teacher introduces the post-test, explaining again that it will be anonymous and that there will not be individual grades.

2. Pass out the tests. Make sure everyone has a pencil.

   NOTE: The Pre/Post test is printed in Session I (page 184).

3. Read over the instructions to the class. Remind them to check off male or female.

4. Explain that if they don't know the answer, or if they are really not sure, they should not guess, but circle D.K. (meaning Don't Know).

5. Give them about 15 minutes to complete the test. (The post-test should go a little faster than the pre-test.)

Correcting the Tests

6. Have the students correct their own tests. (Or, if it's important to keep accurate statistics, have the students hand in their papers, shuffle the tests and hand them out again.) Read off the questions one by one, having students call out the answers. Clarify the answers when necessary. A detailed, expanded answer key is printed on the following pages.

7. The class results can then be used to determine which sessions were effective in providing cognitive learning, and which areas might need to be reevaluated.

Suggestions:

The post-test serves as a way to review the program material. Spend time clarifying answers and be open to answer any new questions that the test may have stimulated.

SENIOR HIGH SCHOOL PRE/POST TEST KEY

1. F. The uterus.

2. T. A woman's ability to get pregnant has little to do with how many times she has had intercourse, but rather where she is in her menstrual cycle. The closer to ovulation, the greater her chances of getting pregnant. In fact, a woman can get pregnant before she has her first menstrual period because she will ovulate approximately two weeks before her period.

3. T. Emotional "ups" and "downs" are especially characteristic of adolescence because of the increased and fluctuating levels of hormones.

4. T. Hatcher, K.A., et al, Contraceptive Technology, 1978-1979.

5. F. In fact, this is precisely when a woman is most likely to get pregnant. It is interesting that in spite of the fact that women's cycles vary greatly in length, every woman ovulates roughly 14 days before the first day of her next menstrual period. However, it is difficult to use this information to establish safe days during her cycle, because irregular cycles make pin-pointing the first day of the next cycle very difficult.

6. T. If a woman has a short cycle, it is possible that she will ovulate while on her period or shortly thereafter. Even when ovulation occurs after her period, if it is within the 3-5 day life span of sperm, conception may occur. More commonly, however, a woman may mistake irregular or ovulatory bleeding for menstrual bleeding. Thus, assuming that a woman is "safe" when she is on her period, or bleeding, can be a very risky assumption.

7. T. Alan Guttmacher Institute. 11 Million Teenagers, 1976.

8. T. Urine pregnancy tests are based on the level of HCG (human chorionic gonadotropen) in a woman's urine. This hormone is not present in sufficient amounts to yield reliable results much before this time. The new commercially available pregnancy test kits require that a woman wait until her period is at least 9 days late. However, there is a blood pregnancy test (called Biocept-G) which will give accurate results within 15 days after possible conception.

9. T. Scientists know that alcohol passes through the placenta, the organ which nourishes the fetus. The drink the fetus gets is as strong as the one the mother takes. It is believed that the alcohol adversely affects the baby's fast-growing tissues, either killing cells or slowing their growth. Children of alcoholic mothers are sometimes born with a pattern of birth defects known as "fetal alcohol syndrome." Stillbirths, early infant mortality, and low birthweight occur more frequently among the babies of women who smoke during pregnancy. Many doctors believe that nicotine is directly responsible for stunting fetal growth. Others suspect that, since smoking constricts blood circulation in varying degrees, this may deprive the fetus of adequate nutrients through the placenta.

10. F. Only one in five sexually active teenagers uses contraception of any type consistently. Of those who don't, seven in ten fail to use contraception because they believe that they can't get pregnant! In another study, it was found that 53% of the 15-19 year-olds did not use any contraception (reliable or unreliable) at last intercourse. Reasons given for a failure to use contraception included that they were too young to get pregnant, they had sex too infrequently to get pregnant, or they had intercourse during a "safe" period of the month. (See Green, et al, Teenage Pregnancy: A Major Problem for Minors, 1977.)

11. F. In fact, there are no restrictions on who may purchase condoms. Business and Professions Code of California, Section #4319.

12. T. However, instances have been documented in which a couple has not (technically speaking) had sexual intercourse where a pregnancy has occurred. In such cases, it was found that semen had been deposited on or near the vagina, allowing the sperm to enter into the woman's reproductive system.

13. F. Prior to ejaculation, the Cowper's glands excrete fluids that wash down the urethral tract. Any sperm in the urethral tract will be washed down as well. These sperm can impregnate a woman. Since a man has no control over the release of fluid from the Cowper's glands, the woman may be impregnated even if the man withdraws before ejaculation. Withdrawal has the added disadvantage of requiring considerable control on the part of the male, as well as an awareness of when he is about to ejaculate. However, withdrawal is considerably more effective than no precaution whatsoever.

14. T. The actual user rates for both are about 95% effective. Hatcher, et al, Contraceptive Technology, 1978-1979.

15. F. According to the law in California (as of January, 1976), a minor can consent to "hospital, medical and surgical care related to the prevention or treatment of pregnancy..." (Civil Code 34.5 and 25.6). This means that minors can legally obtain contraception (except sterilization) without their parents' consent or knowledge.

16. F. The organisms which cause gonorrhea and syphilis can not survive outside a warm, moist environment. Therefore, these diseases are transmitted almost exclusively by skin-to-skin contact.

17. F. External symptoms of syphilis will disappear, but this does not mean that the disease is cured. The bacteria are active in the body and they are capable of being transmitted to other persons for several years into the latent stage of the disease. This is also true for Herpes II. Lesions will appear and in one to three weeks will disappear untreated. However, the Herpes virus is capable of and likely to erupt again. It is not clear as to whether the virus can be transmitted during these dormant periods.

18. F. People do not develop immunity to these diseases.

19. T. In fact, eight out of ten women who become pregnant at age 17 or younger never complete high school. This represents a percentage twice as high as seen among women who postpone childbearing until they are twenty or older. (Alan Guttmacher Institute, 11 Million Teenagers, 1976) However, there is hope that this grim statistic will change with the increasing numbers of special educational programs for teenage mothers.

20. F. A family in which the head of the household is 18 or younger at the birth of their first child is four times as likely to fall below the poverty level than families in which the head of household is 19 or older when their first child is born. (Alan Guttmacher Institute, 11 Million Teenagers, 1976)

21. T. The father of a child has legal responsibility to support a child, regardless of his age at the time of birth. In California, child support payments are normally waived until the natural father reaches his 18th birthday. At that time, his ability to pay will be determined and child support payments will be set. The natural father remains legally and financially responsible for the child until s/he turns 18 or is legally adopted by someone else (Nye, F.I, School-Age Parenthood, 1977).

22. T. Teenage mothers have a suicide rate ten times the national average (Castleman, New Times, February, 1978). This is a particularly grim fact when you consider that teenagers, as a group, have a somewhat lower rate than the national average (i.e., for all ages combined). We have been unable to locate precise figures comparing the suicide rate of teenagers as a whole. However, 9% of teenage mothers attempt suicide, a rate 7 times the national average for teenage women without children (Nye, F.I., School-Age Parenthood, 1977).

23. F. Adolescent mothers, who bear 19% of U.S. infants, have 26% of all low birth weight babies. Low birth weight is a major cause of infant mortality, childhood illnesses, and neurological defects which may involve lifelong mental retardation. In one study, it was found that infants born to teens 18 and younger were 2.4 times as likely to be born with neurologic defects. Babies of younger teens are more than twice as likely to die during the first year of their life as are infants born to women in their 20's. Additionally, teen mothers run significantly higher risks of complications during pregnancy and birth than women in their 20's. Mothers 15-19 are twice as likely to die from hemorrhage and miscarriage during pregnancy when compared to women in their 20's (Alan Guttmacher Institute, 11 Million Teenagers, 1976). It is difficult to know how much of the increased risk would be diminished if adequate pre-natal care and nutrition were provided.

24. F. In 1973, the Supreme Court held that "the right to privacy... is broad enough to encompass a woman's decision whether or not to terminate her pregnancy." All state and federal courts are bound by decisions of the Supreme Court. The Court's summary of this decision is in three parts:

a. "For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the woman's attending physician."

b. "For the stage subsequent to approximately the end of the first trimester, the State, in promoting its interest in the health of the mother, may if it chooses, regulate the abortion in ways that are reasonably related to maternal health."

c. "For the stage subsequent to viability, the State, in promoting human life, may, if it chooses, regulate and proscribe abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother."

Although abortions are legal, this does not guarantee that they will be available in any given community. Also, current legislation has resulted in the termination of federal funding for abortions which restricts their accessibility to low-income women.

25. F. When a teenager under 18 becomes pregnant, she automatically becomes an "emancipated minor." This means that she can legally consent to her own medical care related to pregnancy, as well as make her own decisions to proceed with or terminate her pregnancy. (Civil Code, Section #34.5.)

26. F. Abortions during the first three months are a simple and safe medical procedure and are routinely performed on an outpatient basis.

27. F. Civil Code, Section #34.5. See #25 for explanation.

28. F. The behaviors which are acceptable for men and women are largely determined by social and cultural factors, as illustrated by the fact that acceptable behaviors differ radically from one society to another. Prime examples of this fact may be found in the work of the noted anthropologist, Margaret Mead (Male and Female, 1949, and Sex and and Temperment in Three Primitive Societies, 1935), as well as in more recent research.

29. F. Many studies indicate (especially in higher animals where behaviors are more complex) that mothering is primarily a learned skill. For example, female monkeys raised in isolation, or with surrogate mothers, were unable to display normal affectionate/mating responses to their offspring or prospective mates (Harlow, 1959).

30. T. Although about 52% of all teenagers have had sexual intercourse, only an approximate 47% of teens, 17 and younger, have had sexual intercourse. Figures reported in Sorenson, R.C., Adolescent Sexuality in Contemporary America, 1973, were used to determine the percentage of adolescents, 17 and younger, having had intercourse. In interpreting this information, it is important to bear in mind that the Sorenson study has been criticized for selecting a sample of adolescents more liberal than the norm. Therefore, these results may be somewhat higher than the actual nationwide average.

For questions 31 through 42, the correct answer will be given, then a discussion of main points related to both the correct and incorrect choices will follow.

31. B. An egg can live only 24-48 hours after ovulation, unless it has been fertilized.

32. E. Although these are common symptoms, this does not necessarily mean that every woman will have all or, for that matter, any of them. In fact, it is possible for a woman to have bleeding which ressembles her period and still be pregnant. If a woman has bleeding which is lighter and/or shorter in duration than her normal period it is particularly important for her to have a pregnancy test, if she feels conception may have occurred.

33. C. (a) Although penicillin-resistant strains of gonorrhea do exist, penicillin remains an effective and inexpensive treatment in 95-97% of all cases.

(b) Any person over the age of 12 can receive treatment for any venereal disease without parental consent (Civil Code, Section #34.5).

(c) Ignorance about modes of prevention, symptoms of gonorrhea, and especially the asymptomatic nature of gonorrhea in most women - and increasingly in men - are all contributing factors. Additionally, many people, out of shame, embarrassment, or fear, put off seeking treatment and/or are reluctant to inform their partners of the need for medical treatment. These factors and the values and attitudes which support them make venereal diseases as much of a social problem as a medical one

34. A. (a) It is estimated that the use of condoms would prevent 90% of all VD.

(b & c) In fact, the birth control pill alters the vaginal mucosa in such a way that increases the likelihood of contracting V.D. if exposed to it.

35. A. (a) 80% of all gonorrhea in women is asymptomatic.
40-50% of all gonorrhea in men is asymptomatic.
90% of women misinterpret or do not notice primary symptoms of syphilis.
40-60% of men misinterpret or do not notice primary symptoms of syphilis.

(Boston Women's Health Collective, Our Bodies, Ourselves, 1976)

(b) Syphilis sores are always painless. This is one reason why they may go unnoticed. The usual symptoms of gonorrhea do not include blisters of any sort.

(c) Syphilis and gonorrhea are two totally separate diseases, and a person may have both of them at the same time.

36. B. (a) An I.U.D. requires little effort on the part of the user and is 97-99% effective; however, the possibility of serious side effects exists. The woman who uses an I.U.D. runs an increased risk of pelvic infections which may result in sterility, and ectopic (occurring outside the uterus) pregnancies. Moreover, about 1 in 3,000 insertions results in perforation of the uterus. This is not a serious problem provided that the clinician is aware that perforation has occurred. If, however, perforation goes unnoticed, the I.U.D. may leave the uterus and travel into other parts of the body. It may then have to be removed surgically. Moreover, women who become pregnant while using an I.U.D. run a 25% chance of miscarriage if they decide to have the I.U.D. removed, or a 50% chance of serious complications if they decide to continue the pregnancy without removing the I.U.D.

(b) A diaphragm, when used properly and consistently, is 97% effective. However, if a woman is not very motivated to use a diaphragm, its effectiveness can be considerably less. Until recently, it was thought that a diaphragm had virtually no medical side effects. Now it seems that wearing a diaphragm can be associated with an increase in some vaginal and urinary infections. However, these are not considered to be serious medical problems.

(c) A vasectomy is 99.85% effective. However, it is not to be considered a reversible procedure. In spite of several recent successes in reversing vasectomies, the procedure is very expensive and not guaranteed to work.

(d) The pill is very easy to use, but not 100% effective. While the pill is theoretically 98-99% effective (depending on the type), the actual user effectiveness rate is 90-96%.

Hatcher, et al, Contraceptive Technology, 1978-1979.

37. B. (a) Once the child is placed for adoption, the natural parent relinquishes all rights and responsibilities with respect to the child. However, there is increasing pressure to allow an adopted child, once s/he reaches 18, to contact his/her natural parents, provided that the parents consent.

(b) The natural mother has the right to specify (within reasonable limits) the income level, the race, and the religion of the adoptive family, the number of children in the family, and the type of community in which the family lives.

(c) Prior to 1976, placing a child for adoption was a decision belonging entirely to the natural mother. In 1976, this law was challenged by several natural fathers. As the law now reads, a child to be placed for adoption must be legally "free" of both parents. Therefore, if the father wants custody of his child, while the mother wishes to place the child for adoption, the natural father has the right to take the issue before a court where the court will decide on the option which it deems in the child's best interest.

38. C. Teen marriages are 2 to 3 times more likely to end in divorce than marriages between persons in their 20's (Alan Guttmacher Institute, 11 Million Teenagers, 1976).

39. A. (a) Gender is established at conception.

(b) Sex roles are behaviors which society feels are appropriate for males and females.

40. A. Civil Code, Section #34.5 allows for a pregnant minor to consent to care related to pregnancy.

41. B. Traditionally, men have been considered the "breadwinners" and women the "nurturers" and "homemakers" in our culture. Therefore, example B illustrates a deviation from these traditionally-defined roles in which the man assumes a more direct and personal role in both child-rearing and household activities.

EVALUATION

Purpose:

Evaluation should be an integral part of any family life education unit, both to provide direct feedback from the teacher to the student, and to provide documentation of the success of the course to the school administration and/or community.

Time Required: 10 minutes

Materials: Student evaluations, extra pencils

Procedure:

1. Pass out evaluations.
2. Give the students 5-10 minutes to fill them out. Tell the class that if they can't remember an activity, they should ask you to quickly refresh their memory (or you could quickly review the first page of the evaluation before they start).
3. After the class has filled them out, ask for general comments about the course.

Suggestions:

Since some students will finish the post-test before others, teacher may save time and prevent boredom by passing out evaluations individually as students complete post-tests.

Age ____________

Sex ____________

FAMILY LIFE EDUCATION

FEEDBACK FORM

Senior High Program

1. For each of the following sections, please check (✓) the space which best describes how valuable you feel that day or that activity was for you:

DAY	ACTIVITY	Not Valuable	Somewhat Valuable	Very Valuable	Check if Absent
1	Introduction Old Lady/Young Lady				
1	Taking the Pre-Test Anonymous Questions				
2	Anatomy & Physiology Group Drawing Exercise				
3	Sex Roles & Stereotypes/Sex Role Case Studies				
4	Decision-Making Kathy & Danny Story I				
5	Venereal Disease Discussion & VD Myth Game				
6	Pregnancy & Birth				
1-7	Egg Babies Exercise				
7	Teen Parenting Discussion				
8	Unplanned Pregnancy Alternatives/Kathy & Danny Story II				
9	Discussion about Birth Control				
9	Plan-a-Fam Game				
10	Taking Post-Test Reviewing Answers				

2. Has this program helped you to understand yourself better?

    _____ a little better

    _____ a lot better

    _____ no difference

3. Will what you've learned from this program help you to make better decisions in your everyday life?

    _____ a little

    _____ a lot

    _____ no difference

4. Has taking this program helped you to communicate with your parents and/or others better?

    _____ a little

    _____ a lot

    _____ no difference

5. If you had to list one thing you have learned from this unit that will help you in your everyday life, what would it be?

6. Was there anything you really like in the program?

    _____ no

    _____ yes   If yes, what was it?

7. Was there anything you didn't like in the program?

    _____ no

    _____ yes   If yes, what was it?

8. Was there anything in the course that made you feel uncomfortable?

    _____ no

    _____ yes   If yes, what was it?

9. Do you think this was a good time in your life to get this information?

_____ yes

_____ no If no, when would you have liked to receive this information?

10. Is there anything that this program should cover which was not covered?

_____ no

_____ yes If yes, what?

11. Do you have any suggestions for improvement or other comments?

12. Considering everything, how would you rate this program?

_____ excellent

_____ good

_____ average

_____ poor

_____ very poor

THANKS!!

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CIRCLE COMPLIMENTS (OPTIONAL)

Purpose:

This exercise is a non-threatening device to help students make positive comments towards each other (not always easy for high school students or adults) and raise the self-esteem of everyone involved. It also helps to develop a sense of caring community and group cohesiveness. It is a good way to end a session.

Time Required: 10 minutes

Materials: 5 x 8 cards, pencils

Procedure:

1. Begin by talking about how important it is for people to feel good about themselves: "Because we would like to end this unit on a positive note, we're going to do an exercise where we give each other 'strokes', compliments and positive feelings."
2. Have the class sit in a circle (or divide the class into groups of about ten with each group sitting in a circle).
3. Each student gets a 5 x 8 card.
4. Have student write own name on card.
5. On signal, have the students pass cards to left.
6. On signal to stop, stop and write a compliment about the person whose name is on the top of the card.
7. Keep the cards going around until everyone has received around ten compliments.
8. Once the students have their own cards back, have them write down something nice about themselves.
9. Let the students take their cards and their good feelings home.

I LEARNED STATEMENTS (OPTIONAL)

Purpose:

The purpose behind "I Learned Statements" is to help summarize what has gone on during a particular unit in order to help clarify and reinforce what has been learned. It is also a helpful way for teachers to get feedback (and for students to give feedback) on the value of the day's or week's activities. This exercise could be used at the end of every class period, or after each subject area, or at the end of a longer unit.

Time Required: 5-15 minutes

Materials: Blackboard and/or paper and extra pencils

Procedure:

1. Explain that this exercise is to help them focus on what has been most helpful or significant for them during the learning period. Since we sometimes get much information at once, more than we can possibly remember, it can be advantageous to single out that which is most important.

2. Put the following incomplete sentences on the blackboard and ask the students to think about what they have just learned or relearned about sexuality or themselves or their values. They are to then choose one or two incomplete sentences and finish them.

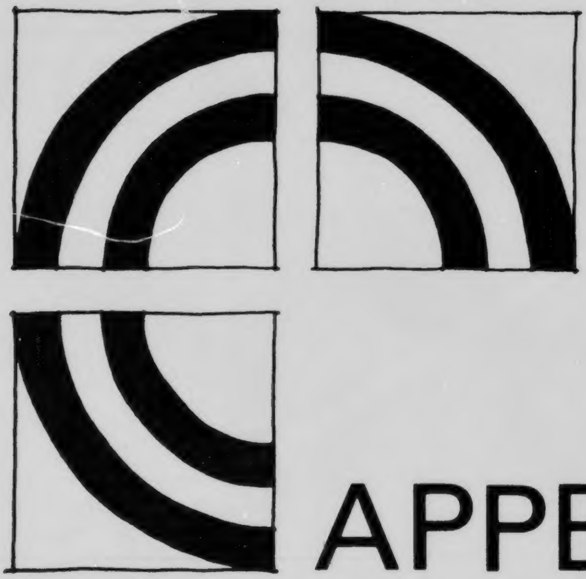
   I learned that . . .
   I relearned that . . .
   I noticed that I . . .
   I discovered that I . . .
   I realized that I . . .
   I was surprised that I . . .
   I was pleased that I . . .
   I was displeased that I . . .

3. Break the class into groups of three to spend a few minutes sharing their "I Learned Statements" with one another.

4. Ask volunteers to share their "I Learned Statements" with the total class.

Suggestions:

When time is limited, the teacher can simply go around the room asking students to spontaneously (with the option to pass) complete the incomplete phrase.



APPENDICES

APPENDIX A

FAMILY LIFE EDUCATION:

A BIBLIOGRAPHY

TEACHERS

Alan Guttmacher Institute, The. 11 Million Teenagers. Planned Parenthood Federation of America, Inc., 1976.
This pamphlet condenses findings of much of the literature regarding adolescent sexuality and pregnancy. Convenient source of factual information.

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A theoretical discussion of the development in moral judgment as seen by two esteemed developmental psychologists, Jean Piaget and Lawrence Kohlberg.

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Yearly publication that offers most current information about contraceptive methods. Written for medical personnel, but valuable, accurate resource for teachers.

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A nontechnical book dealing with perspectives and problems related to human sexuality rather than with methods and techniques. This book covers a wide range of topics relating to sexual behavior and discusses various theories of sex education.

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A textbook which discusses psychosexual growth, fantasy, masturbation, physiology, human sexual behavior, and the psychology and sociology of reproduction. Contains detailed drawings of anatomy. Good basic reference for teachers.

TEACHERS (Cont'd)

Luker, K. *Taking Chances: Abortion and the Decision Not to Contracept.* Berkeley: University of California Press, 1975.
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This book discusses the results of a national study which investigated the sexual values and behaviors of teenagers in the United States.

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A collection of 80 structured experiences applicable in a wide range of educational environments, from the elementary level classroom to the high school classroom.

APPENDIX A

YOUNG CHILDREN

We suggest that teachers or parents read these books before recommending them to young people. There may be statements or opinions expressed by the authors that will be objectionable to parents. Teachers need to be particularly sensitive to parents' concerns about pre-marital sex, masturbation and homosexuality.

Gordon, Sol. Girls are Girls and Boys are Boys: So What's the Difference? John Day Company, 1974.
Looks at sex role stereotyping and the many problem situations it creates. Written in a humorous tone. Treats masturbation, intercourse, and bodily changes during puberty with sensitivity.

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Presents the facts of human reproduction in a very positive and humorous way. Meant to be read to children. Offers a simple vocabulary for parents to use in their own explanation.

Nilsson, L. How Was I Born? Delacorte Press, 1975.
Uses photographs and graphic illustrations to tell the story of conception, fetal development, and childbirth.

EARLY ADOLESCENTS (Ages 10-14)

We suggest that teachers or parents read these books before recommending them to young people. There may be statements or opinions expressed by the authors that will be objectionable to parents. Teachers need be particularly sensitive to parents' concerns about pre-marital sex, masturbation and homosexuality.

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> This is a wonderful book about menstruation. The narration is simple, down-to-earth, reassuring and very tastefully done. It covers all the questions a young girl would ask about menstruation and can be helpful to parents of young women before and after their daughters begin menstruation.

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TEENAGERS (Ages 15-19)

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Weinberg, G. *Society and the Healthy Homosexual*. Doubleday, 1973.
This book argues against the concept of homosexuality as an illness. The author urges homosexuals to accept themselves with dignity and pride and strive for greater acceptance and understanding by society. Two useful sections advise homosexuals to tell their parents about their homosexuality and advise parents how to respond to and deal with their homosexual children.

Zilbergeld, B., Ph.D. *Male Sexuality -- A Guide to Sexual Fulfillment*. Little, Brown & Co., 1978.
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Well-written and intelligent booklet on the male role in sexual relationships.

PARENTS

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This practical book gives the exact and correct words for parents to use in explaining sex to their children of different ages (paperback).

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Kappelman, M.M. *Sex and the American Teenager: The Problem of Adolescent Sexuality -- and How to Cope with Them -- In Today's Changing World*. Reader's Digest Press, New York, N.Y., 1977.

LeBoyer, F. *Birth Without Violence*. Knopf, 1975.
This book focuses on the experience of birth from the viewpoint of the infant. Describes the trauma of birth and the importance of being sensitive to that in our birthing practices. A beautifully poetic book.

National Organization for Non-Parents. "Am I Parent Material?" 3 North Liberty Street, Baltimore, MD 21201.

PARENTS (Cont'd.)

Planned Parenthood Federation of America. *How to Talk to Your Teenagers About Something That's Not Easy to Talk About: Facts About the Facts of Life*. Answers common questions parents have regarding sex education for their teenagers.

Pomeroy, W. *Your Child and Sex: A Guide for Parents*. Dell, 1976. Encourages parents to play an active role in the sex education of their children. Contains information about natural behavior among children and practical advice about how to handle difficult questions and situations.

Preston, H. and J. Margolin. *How to Teach Your Children About Sex*. Books for Better Living, 1974. While providing information on what to teach your children about sex, this book puts emphasis on the importance of both parents' own patterns of relating as models for children and the way in which children's questions are answered.

Rubin, I. and D. Calderwood. *A Family Guide to Sex*. Signet, 1973. Describing the high cost of sexual ignorance, this book is especially good for parents with questions about such emotionally charged and controversial issues as homosexuality, when to teach about contraceptives, and the influence of pornography on children.

Rubin, I. and L.A. Kirkendall. *Sex in Childhood Years*. Associated Press, 1970. A collection of articles on adolescent development and sexuality and sex education.

APPENDIX A

SOURCES OF FURTHER INFORMATION

American Association for Health, Physical Education and Recreation. National Education Association, 1201 16th St., N.W., Washington, D.C. 20036.
Publishes materials for sex education teachers. Good source of information on current and projected school-based family life education programs.

American Association of Sex Educators, Counselors and Therapists. 5010 Wisconsin Avenue, N.W., Suite 304, Washington, D.C. 20016.
Publishes numerous periodicals and other materials in the field of sex education; offers training programs on a regular basis for sex educators.

Current Literature in Family Planning. Katherine Dexter McCormick Library, Planned Parenthood/World Population, Information and Education Department, 810 Seventh Ave., New York, N.Y. 10019.
Monthly classified review of the books and articles recently published in the field of family planning. Each is summarized or abstracted. Copies of articles available for 10¢ per page. $15/year prepaid.

The Family Planner. Syntex Laboratories, 3401 Hillview Avenue. Palo Alto, Ca. 94304.
Bimonthly newsletter; free.

Getting It Together. Youth and Student Affairs Program, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, N.Y. 10019.
Free. No longer published, but past issues available upon request.

Institute for Family Research and Education. 760 Ostrom Avenue, Syracuse, N.Y. 13210.
Coordinates National Family Sex Education Week. Publishes pamphlets, books for teenagers and parents.

Institute for Sex Research, Inc. Information Service, Morrison 416, Indiana University, Bloomington, IN 47401.
Publishes bibiliographies on numerous human sexuality topics.

Lifelong Learning. Lifelong Learning, University Extension, University of California at Berkeley, Ca. 94720.
Mailing list for classes, workshops, and seminars.

National Clearinghouse for Family Planning Information. Public Health Service, Health Services Administration, Office of Family Planning, P.O. Box 2225, Rockville, MD 20852.
Has developed a comprehensive collection of family planning and sex education materials. Will do a subject search on specific topics. Publishes bibliographies, a catalogue, Family Planning Materials, and 2 bulletins -- Health Education Bulletin and Fact Sheets. All services and materials are free.

SOURCES OF FURTHER INFORMATION (Cont'd.)

PPAC Memo. Planned Parenthood Affiliates of California, 1623 Tenth St., Sacramento, CA 95814.
Contains updates on California legislation affecting family planning and family life education.

Planned Parenthood Federation of America, Inc. 810 Seventh Avenue, New York, NY 10019.
Catalogues, 25¢ each: "Information on Family Planning" -- Consumer-oriented books, pamphlets, and articles; also for general reader or curriculum use. "Family Planning for Professionals" -- Books, pamphlets and articles of interest to administrators, clinicians, educators, social workers, and others in family planning and related fields.

Sex News. P.K. Houdek, 7140 Oak, Kansas City, MO 64114.
A monthly digest of news, views, events, publications, and resources. $4.50/year ($4.00 if payment accompanies order).

SIECUS Report. Behavioral Publications, 72 Fifth Avenue, New York, NY 10011.
Articles and reviews of current literature and audiovisual materials. Published bimonthly by the Sex Information and Education Council of the U.S. $9/year for individuals; $15/year for institutions.

University of California, San Francisco School of Medicine, Human Sexuality Program, 350 Parnassus Avenue, Suite 700, San Francisco, CA 94143
(415)666-4787.
Mailing list for workshops, seminars.

APPENDIX B

AUDIO-VISUAL RESOURCES

APPENDIX B

AUDIO-VISUAL RESOURCES

FILMS

"Teen-Age Father" Senior high, parents (possibly junior high)

This year's Academy Award-winning documentary explores the effect of an unplanned pregnancy on a young man's life.

30 min color $350

(May be possible to borrow from your local CHS)

Children's Home Society
Public Affairs Dept. State Headquarters
5429 McConnell Avenue
Los Angeles, CA 90066
(213) 391-2814

"I'm Seventeen and Pregnant" Senior high, parents (possibly junior high)

The oldest of the Children's Home Society films, but still very good. The story of a young woman's struggle to raise her infant as a young single woman.

28 min color $180

Children's Home Society
(see above)

"VD: A Newer Focus" Junior/Senior high

Presents facts concerning transmission, effects, and treatment of VD. Dispells myths and explains importance of reporting contacts as well as the confidentiality involved.

16 min color $255

American Educational Films
132 Lasky Dr.
Beverly Hills, CA 90212

"Human Growth III" (1976) Middle and upper elementary, junior high, teacher training, parents and youth workers

Presents adolescent sexual development as part of an overall physical, emotional, and social process. Groups of fifth and sixth graders, junior and senior high school students, and young married couples discuss the biological facts of puberty and reproduction and share their own feelings and decisions. The film also includes a brief live birth scene.

20 min color $280

Perennial Education Films Library
P.O. Box 855 Ravinia
Highland Park, IL 60035

"Hope Is Not a Method" (1974)   Adolescent and adult groups

Begins by discussing the need for contraception. Explains methods of contraception, including sterilization, clearly and factually. Abortion and morning-after-pills are mentioned as back-up methods. Answers common questions. Could be used for group contraceptive method instruction.

16 min   color   Perennial Education, Inc.
P.O. Box 236
Northfield, IL 80093

"Your Breast and Pelvic Exam" (1975)   Adolescent and adult groups. Probably best for same-sex groups in high school.

The film accompanies a young woman through her breast and pelvic exam. The practitioner clearly explains all of the procedures in a pelvic exam. Includes photographs of the outer genitalia and cervix. Very reassuring.

11 min   color   Perennial Education, Inc.
(see above)

"Four Young Women" (1973)   High school and adult groups

A documentary in which four young women discuss their decision to have abortions and their feelings and reactions to the experience. Explores the many environmental and emotional factors which would affect a woman's decision to continue or terminate a pregnancy.

20 min   color   Perennial Education, Inc.
(see above)

"Adolescent Conflict: Are We Still Going to the Movies?"   High school

"Are We Still Going to the Movies?" is a great discussion starter about sex roles, male/female sexuality, expectations--and a classic example of discussion that avoids communication of true feelings.

14 min   color $205   McGraw-Hill Films
Marje Boldemann
110 - 15th Street
Del Mar, CA 92014
(714) 453-5000

"Acquaintance Rape Prevention" (4 films)   High school

Each of these four short films depicts a hypothetical, but realistic, situation in which a young woman finds herself facing the possibility of rape by someone she knows. Because of the sensitive nature of these films, they are not recommended for showing without special supplementary teacher training. Fact sheets available.

8 min each   color $490   O.D.N. Productions
114 Spring Street
New York, NY 10012

"Are You Ready for Sex?"   High school

Dr. Harvey Kaplan facilitates a group of teens discussing sexuality. Some fairly explicit scenes. Very articulate group of middle class students.

30 min   color $300   Perennial Education, Inc.
(see above)

"When Life Begins"   Junior and senior high

A beautiful film showing the Nielsson photographs of fetal life and development. The film ends with a very touching birth scene.

12 min   color $225   McGraw-Hill Films
(see above)

"Loving Parents"   High school

The film depicts four vignettes of typical problems parents face in dealing with teen sexuality. A group of parents discusses each vignette.

24 min   color $330   Texture Films, Inc.
1600 Broadway
New York, NY 10019

APPENDIX B

MISCELLANEOUS MATERIALS

The Birth Atlas

A flip-chart illustrating fetal growth and development, labor, and birth. $20.

Maternity Center Association (212) 369-7300
48 East 92nd Street
New York, NY 10028

Methods of Contraception

A flip-chart covering male and female reproductive systems and methods of contraception. Large size: 18 x 24" $25; Small size: 11 x 16" $15.

Planned Parenthood Federation of America
810 - 7th Avenue
New York, NY 10019

Contraceptive Sample Kit

Kit includes samples of birth control methods: pills, IUD, diaphragm, foam, cream, jelly, applicators, condoms, plastic speculum (size small), cotton swab, pap test spatula.

Availability varies; possible sources are: local Planned Parenthood, local county family planning clinic, physicians, pharmacists, drug company detail men/women

Homemade Slide Presentation

Slide sets for illustrating information-sharing about human sexuality, adolescent growth and development, reproductive systems, conception. Slides can be taken from pictures of charts and illustrations in books.

FILM GUIDES

These guides were written by:

PLANNED PARENTHOOD OF SANTA CLARA COUNTY

APPENDIX C

ARE WE STILL GOING TO THE MOVIES?

California State Education Code (51550) requires that:
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(Public elementary, junior high and senior high schools only)

I. Purpose of Film

A. To dramatize a teen couple quarreling about the sexual nature of their relationship.

B. To stimulate an awareness of how roles and assumptions interfere with communication.

C. To indicate the importance of communication in a relationship.

D. To promote in the viewer an awareness of personal values important in communication/relationships.

II. Description of Film

Dana and Jack, a blonde and beautiful teen couple, go on a picnic in a secluded area. Jack "moves in" on Dana. She says no. They quarrel. With the situation still unresolved, Jack demands they leave the park and Dana wonders, "Are We Still Going To The Movies?" tonight.

TV-movie personality Beau Bridges presents excellent discussion questions during the last several minutes of the film. The questions appear in Section V of this guide.

This film would be appropriate for classes in communication, psychology, women's studies, family life education, sexuality, parenting, etc.

Length: 14 minutes 1975 Color High school and adults

III. Preparation for Film Use

The establishment of group rapport and a sense of comfortable communication among the group/class will enhance the use of the film.

This is not a "how to" film. The couple do not resolve their conflict. The resolution is left for the leader and group.

IV. Particular Points to Discuss

The couple seems almost perfect; it is easy to imagine that she is a cheerleader and he is the football team captain. This stereotyping might set some ethnic groups against the film; however, if the stereotyping is pointed out, the class can discuss whether this dating/relationship is typical for all teens.

V. Suggested Discussion Questions

These questions are presented by Beau Bridges at the end of the film.

A. A quarrel may be a turning point in a relationship. What do boys usually expect from girls and what do girls usually expect from boys in a relationship? What are Dana and Jack expecting that they're not getting? Are the cliches true? How and why are the expectations different?

B. Do girls encourage expectations in boys that they do not intend to fulfill?

C. Do most boys see a relationship as a game with "making out" the whole point of the relationship? Do girls expect something else, or a more lasting commitment?

D. Dana believes that boys compare notes on their conquests. The implication is that they encourage each other to think of girls as objects to be pursued, as things rather than as persons. Is that really how boys talk with one another?

E. What is the difference between the ways boys talk about girls and girls talk about boys? Do girls sometimes use boys as objects?

F. Remember Jack's outrage at the very suggestion that he might be doing anything wrong or insensitive? It suggests he regards his behavior as normal and natural. Is it natural for boys to make out at every opportunity? If a girl objects, does that mean she is uptight, maybe neurotic? Not as feminine as she ought to be?

G. A lot of people seem to assume that the differences between what boys and girls expect from each other are natural and inevitable, that this difference between the sexes is rooted in biological differences. Do you agree with that?

H. Or do we learn how to behave? Is there a lot of role playing in it? Are we taught by books, movies, magazines, T.V., friends or adults we look up to that make us behave in certain ways?

I. What does Dana expect from Jack that he isn't giving?

J. Dana seems to be afraid of things continuing as before and afraid of losing him if she changes. What creates these fears?

K. When Dana compares Jack to her kid brother, saying he pouts when he doesn't get his way, Jack is resentful. Would most guys react that way? Why does it make him so sore? Because it's unfair? Because there is truth in it? Or does Dana mean it as a heavy putdown to his sense of masculinity?

L. Suppose Dana and Jack thought it over and decided to really try to meet each other's expectations. How might they change their relationship?

APPENDIX C

ARE YOU READY FOR SEX?

California State Education Code (51550) requires that:
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(Public elementary, junior high, and senior high schools only)

I. Purpose of Film

A. To suggest that males and females can, and do, make conscious decisions about their sexual activity and behavior.
B. To show that male and female roles may be widely interpreted.
C. To examine the importance of establishing a personal value system.
D. To encourage each viewer to go through his/her own decision-making process and to accept responsibility for those decisions.

II. Description of Film

The film dramatizes four "model" teenage couples. The first couple is kissing and caressing in the woods. We hear the questions and concerns each has inside themselves, but that they don't express out loud. They have many feelings, assumptions, and fears, but they are unable to communicate these with each other.

The second couple is watching TV. He "moves in" on her. She firmly, gently, and carefully explains how she feels. We know she has examined her values and has made a conscious decision not to have intercourse. She includes concern for his feelings, "You don't want me to tease you, to lead you on and then stop you, do you?"

The third young couple is wrestling and playing on a hillside. They embrace. He pulls away. She questions why. He explains he's not ready to make the kind of commitment that sexual activity would require of him. He does care for her and wants to spend time together to deepen their friendship.

The fourth couple discusses both their mutual desire to be sexually active with each other and their hesitancy. Both have taken the responsibility for birth control. Both talk about deep feelings of desire, fear of inadequacy, etc. Viewers are left with the situation unresolved - will they or won't they?

After each film sequence, Harvey Kaplan, physician and sex therapist, leads discussion groups of young people which explore the content of each dramatization.

This film focuses on clarifiying personal values and making responsible sexual decisions. Questions are raised concerning sexual responsibility, interpersonal communications, peer group pressure, sexual maturity, personal values, intercourse, contraceptives, and sexual abstinence.

Length: 24 minutes 1976 color High school, parents, adults

APPENDIX C

III. Preparation for Film Use

Because of the sensitive nature of the material covered in this film, it is recommended that this film be utilized after the careful preview by the discussion leader/teacher and prior discussion in the class or group of the following topics: anatomy, menstruation, contraception, intercourse, relationships, and values.

IV. Particular Points to Discuss

The film attempts to clarify the many questions that couples contemplating sexual activity might profit from discussing. The answers are left to the individual - there is no moralizing. It is important the teacher insures that various religious and moral viewpoints regarding pre-marital sex are discussed.

V. Discussion Questions

A. Sexual Activity

1. Teens sometimes worry about getting caught. Why? Is there anything wrong with unmarried people making love if they love each other?
2. What do people get out of sexual intercourse? Is it different for guys and girls?
3. The girl in the second dramatization seemed very sure of herself and careful of the guy's feelings. Was that presented realistically? Could you see yourself being the guy or girl in that situation?
4. When is someone ready for sex? What are some things a person might take into account before deciding to be sexually active?

B. Contraception

1. Why do people have sex without contraception?
2. Why don't couples talk about birth control? What movies or T.V. programs talk about birth control? Should birth control be advertised in those places? Should birth control be available on every high school campus? What about junior high school students? Should they be taught all about sex and birth control? Will knowing about sex and birth control make students want to experiment?
3. Does using birth control make a girl a "slut" or a guy a "stud"? Why?
4. What are the risks in using birth control?

C. Relationships

1. How much pressure is there on a guy to try to have intercourse with a girl? Where does the pressure come from? What can he do? What can she do?
2. Is there a difference in the sexual experience of a "one-night-stand" and the experience during a long term relationship?
3. Are there things a couple can do with and for each other that could make them feel good about each other without sexual intercourse?

4. In the first dramatization, we heard the thoughts of the guy and girl. Why couldn't they say and ask those things of each other out loud? What is the risk?
5. Do we confuse sex with love? Which is the better reason for marriage?
6. Does sex prove anything about a relationship? What?
7. Do you think the fourth couple decided to have sex? Why or why not?

VI. Related Activities

A. Many of the above questions can be converted into statements for values voting, useful as a pre-film activity. Sample: "There is nothing wrong with people making love if they love each other" or "Guys get more out of sex than girls." (Students vote as to whether they agree, disagree, or don't know with those statements.)

B. A "Gallup Poll" or attitude questionnaire could be taken. (See Sec. 10901 of the Education Code before using this.) (CEC 10901 appears on page 388 of this guide.)

Have students answer anonymously the following questions. Tally the responses and discuss the variety of attitudes in the class.

A - agree D - disagree DK - don't know

1. Only females should be concerned with birth control.
2. If two people are in love but not married, it's O.K. to have sex.
3. It's stupid to be a virgin in this day and age.
4. Guys would rather marry virgins.
5. Guys should be sexually more experienced than girls.
6. Girls who don't put out don't keep their boyfriends.
7. I think I have a lot to learn about sex.
8. My sexual feelings confuse me.
9. I'm sure about how I feel about myself and sexual intercourse.
10. I know what form of contraception might be right for me.

APPENDIX C

HUMAN GROWTH III

The California State Education Code (51550) requires that:
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(Public elementary, junior high and senior schools only)

I. Purpose of Film

A. To present basic facts about anatomy and physiology of the human sexual/reproductive system.
B. To develop an understanding of physiological and social maturity.
C. To develop acceptance of individual differences in the rate of physical development and social maturity.

II. Description of Film

Adolescent sexual development is presented as part of an overall physical, emotional and social process. Basic anatomy is explained. The filmmakers pose a question and young teenagers answer as best they can. A "mini lesson" on that same subject follows. This format is repeated six times and includes the following questions:

A. What is growing up?
B. What other ways do you change besides getting bigger? Do you act differently? Do you feel differently? What is physical maturity?
C. What is hard about growing up? Is there a difference between guys and girls at this age? What is mature? Do you understand what is happening to you?
D. Do we need rituals and puberty rites to tell us when a teen is an adult? How do we know? Do you worry about what is ahead of you?
E. How do you feel about having children? When will you have children? Why?
F. How does it feel to be pregnant? How does it feel to be with a pregnant woman? What are the man's responsibilities?

At the end of the film, young teenagers ask twelve questions to encourage class discussion. These are listed in Section V.

The clitoris is not mentioned during the anatomy lesson. There is a drawing of an erect penis, and masturbation and wet dreams are mentioned in this context.

There is a one-minute live sequence of the birth of a baby. It is somewhat bloody and might be a shock to younger teens.

This film is appropriate as an introduction to puberty, anatomy, and reproduction units for younger teens. It could be used as a review for older teens.

Length: 20 minutes 1976 Color Junior and senior high

III. Preparation for Film Use

Students should be familiar with the following vocabulary words:

glands
organs
hormones
testes
ovaries
cell
nucleus
rigid
erect
semen
prostate
seminal vesicle
masturbation
chromosomes
vagina
uterus
Fallopian tubes
fetus
placenta
umbilical cord

The establishment of group rapport and a sense of comfortable communication among the group/class members will greatly enhance the value of this film.

IV. Particular Points to Discuss

Masturbation is mentioned in connection with wet dreams and erect penises; it would be helpful to mention that girls might masturbate, too.

No mention is made of contraception. If appropriate for the group, the leader could ask questions based on the childless couples - why did they make the decision and how have they prevented pregnancy? How many methods of birth control can the class think of?

V. Suggested Discussion Questions

These questions are asked and left unanswered at the end of the film.

A. "How do the two sexes get together? How do they use their sex organs?"
B. "If a mother is addicted to heroin, will the baby be addicted?"
C. "Can you get pregnant while you are pregnant?"
D. "How come the egg splits sometimes and makes twins?"
E. "What are breasts for? How do they know when to give milk?"
F. "If a Japanese marries an American, will the child be Japanese or American?"
G. "Is it possible for the sperm to get all the way to the ovary?"
H. "What does caesarean mean?"
I. "Will the baby get diabetes if the mother has it?"
J. "Do they sometimes get a live baby from an abortion?"
K. "Why are wives (females) mothers?"
L. "How did the early people (cave humans) know about sex and making babies? Is sex instinct? Is reproduction instinct?"

IV. Related Activities

Before the film, pass out blank cards and ask the students to write any questions that develop during the film. No names are necessary; these questions can be discussed by the teacher or mixed up and passed out to the class for their opinions. This is also a good opportunity to establish a question box for future questions.

APPENDIX C

HOPE IS NOT A METHOD

California State Education Code (51550) requires that:
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(Public elementary, junior high, and senior high schools only)

I. Purpose of Film

A. To present ten methods of contraception, the effectiveness rate of each, and how each method is used.

B. To encourage responsible use of contraception.

C. To discourage "hope" as a method of birth control.

II. Description of Film

Male and female moderator present basic facts (some outdated; see Section V), about the following contraceptive methods: withdrawal, morning after pill, rhythm, foam, condom, condom and foam together, diaphragm, pill, IUD, and permanent sterilization. Abortion is mentioned briefly and in a positive light. The speakers use a low, unemotional tone; it should help relieve any anxiety the viewers might have. The film debunks several myths in a light, humorous tone.

The vocabulary used is applicable to selected, mature groups in high school and above.

The graphics used throughout the film are excellent and easy to understand, particularly in describing the rhythm method. Pubic hair is visible on the nude drawings.

Length: 16 minutes   1974   Color   Some high school and adults

III. Preparation for Film Use

Because of the nature of the material covered in this film it is recommended that this film be utilized only after the following:

A. Careful preview by the discussion leader/teacher.

B. Prior discussion of male and female anatomy and sexual function.

C. Vocabulary Words

external genitals
climax
semen
mobile
douche
ejaculation
fertile
pre-lubricated
orgasm
deteriorates
device
conception
cells
menstrual cycle
ovulation
abstension
hormones
erect
abdominal
incision
termination
seminal vesicles
cervix
uterus

D. Some viewers may feel the film promotes unmarried sex and abortion.

E. A list of local referral agencies should be available.

F. A list of comparative costs of different methods should be available.

IV. Particular Points to Discuss

A. Explain to the group the differences between "effectiveness" (method failures) and "actual effectiveness" (user failures).

B. Because the film was made in 1974, there are several updates that should be made:

1. In the film, instructions are that foam may be applied an hour before sexual activity. Current instructions are to insert foam no more than fifteen minutes before intercourse.
2. The pill has more side effects than those mentioned.
3. Research has shown that there is risk of cancer in the children of women who used DES to prevent miscarriage. This is the same hormone used in the "morning-after pill."
4. Vasectomy and tubal ligation do not receive full treatment in the film.
5. Encare Oval is not mentioned. It is a non-prescriptive spermacidal vaginal suppository.
6. The Dalkon Shield I.U.D. is no longer on the market because of severe side effects.

C. Abstinence is not listed as a method of birth control. This should be noted.

V. Discussion Questions

A. It should be mentioned repeatedly to high school classes that discussion of birth control methods does not mean to encourage or assume sexual activity.

B. What are some reasons why a teenager who is sexually active might not use birth control? Are the reasons the same for guys and girls?

C. What are some of the ways guys can participate in the process of using birth control?

D. How does a teenager decide whether or not to use birth control?

E. What would be the ideal method of birth control? What qualities would it need to have? Would the "ideal" method change with age or other circumstances?

F. Does birth control information lead to more sexual activity among teenagers?

G. Why don't we ever hear birth control mentioned in the movies or on T.V.?

VI. Related Activities

A. Values Voting

Before or after the film, ask students to agree, disagree, or vote no opinion on the following statements. Discuss the different opinions.

1. Birth control is the woman's responsibility since she is the one who will get pregnant.
2. People don't need to use birth control because they should only have sex when they intend to have children.
3. People under eighteen should be able to get birth control without parental consent.
4. The government should pay for birth control for everyone.
5. Birth control information should be required for graduation in all high schools.
6. Teens should be able to buy birth control at the nurse's office at school.
7. Husbands or wives should not be allowed to be sterilized without their partner's consent.

B. After the film, as a quick review ask students to list all the methods discussed in the film. List these on the board divided into three categories: Methods that don't work; methods that work fairly well; methods that work very well. Be sure that abstinence is included.

C. Have the class brainstorm and list on the board what factors a couple should consider in choosing a birth control method. The following should be included:

1. Side effects/risks
2. Effectiveness
3. Convenience
4. Availability
5. Cost
6. Moral and religious values
7. Effect on sexual pleasure
8. Nature of their relationships

APPENDIX C

YOUR BREAST AND PELVIC EXAM

California State Education Code (51550) requires that:
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(Public elementary, junior high, and senior high schools only)

I. Purpose of Film

A. To share with others the fears and concerns women have in regard to a pelvic exam.

B. To try to alleviate these fears by watching one woman experience a pelvic exam, with a full explanation of the exam.

C. To promote early detection of breast cancer by showing a correct breast self exam.

D. To support acceptance of the individual differences found in all women.

II. Description of Film

A young woman learns how to give herself a breast exam under the direction of a female clinician. They discuss what signs are normal and abnormal. The clinician then performs a pelvic exam, explaining as she goes along. The camera films the young lady's genitals after the speculum is inserted. There is an unusual sequence when we look into a mirror with the patient and see her cervix, live and in living color. There is no animation. All breast and genital shots are of the young woman.

Length: 11 minutes 1975 Color Mature high school and adults

III. Preparation for Film Use

This film is unusually explicit; therefore, it is recommended that this film be used only after the following:

A. Careful preview by the leader/teacher.

B. Prior discussion in the class of:
   1. Sexual anatomy
   2. Sexuality

C. The establishment of group rapport and a sense of comfortable communication among group/class members.

D. Preparation of the class for the explicitness of the film.

APPENDIX C

IV. Particular Points to Discuss

A. An anatomy chart will be a very valuable tool before and after the film, as there are no line drawings used in the film.

B. The clitoris is not shown or mentioned.

C. Vocabulary:

discharge
abdominal
ovaries
vagina
stirrups
speculum
extend the walls
cervix
uterus
pap smear
major/minor lips
vulva
cell
bi-manual
gonorrhea culture

V. Suggested Discussion Questions

A. When should a woman begin to have pelvic exams?

B. Why do women feel so fearful about a pelvic exam which is not really painful?

C. What can be done to alleviate these fears and calm their nerves?

D. Cancer of the breast and cervix should be discussed. A chart of cancer warning signs could be posted.

E. Men can also get breast cancer, though it is rare. They also should learn to examine themselves.

VI. Related Activities

A. Rather than depend on whole group or class discussion, the class can be divided into small groups and the following questionnaire filled out individually or by the group as a whole.

1. Grade this film on the ten scale, ten being the best ________.
2. What did you like most about this film? Why?
3. What did you like least about this film? Why?
4. What part of the film made you feel most comfortable? Why?
5. What part of the film made you feel least comfortable? Why?
6. Do you think this was a good time of your life to get this information?
7. At what grade level should this film be shown? Why?
8. Would you recommend this film to your friends who have not seen it? Why?
9. If you could make the choice all over again, would you still choose to see this film? Why?
10. Was there anything not covered in the film that you would like to know about?
11. How could the film be improved?

B. The breast exam shown in the film is incomplete in that it only shows examination of the breasts with the woman lying down. It also should show the woman standing up and looking in the mirror. The film, "Breast Self-Exam," describes a more complete self-examination.

C. Additional information and pamphlets are available from the American Cancer Society.

APPENDIX C

WHEN LIFE BEGINS

California State Education Code (51550) requires that:
"Any written or audio-visual material to be used in a class in which human reproductive organs and their functions or processes are described, illustrated or discussed shall be available for inspection by the parent or guardian at reasonable times and places prior to the holding of a course which includes such classes. The parent or guardian shlal be notified in writing of his/her opportunity to inspect and review such materials."

(Public elementary, junior high, and senior high schools only)

I. Purpose of Film

A. To introduce basic information about fetal growth and development.
B. To introduce birth as a normal, natural process.

II. Description of Film

A visually beautiful film, using Time-Life in-utero photography. Begins with ovulation, fertilization, initial cell divisions, and progresses through each stage to full term. A short birth sequence concludes the film with a French women and husband using natural birth techniques.

Length: 20 minutes Color Junior high/senior high/college/adult

III. Preparation for Film Use

A. Teacher should preview before showing. Final scenes of birth include some bleeding and baby before its first bath. Teacher should prepare group in advance.

B. Although film is visually useful for most age groups, vocabulary is advanced for younger students. Reviewing vocabulary in advance can be excellent preparation for birth scene:

placenta
afterbirth
umbilical cord
vernix
embryo
fetus
amniotic sac

IV. Suggested Follow-Up Activities

A. Class or Group Discussion.

1. Have you ever seen a birth film or attended a birth before? If so, how did it compare with this film?
2. What was the father's reaction? Why do you think he was reacting this way?
3. What is "natural" birth? Why do some people prefer to avoid drugs during birth?
4. What about drugs during pregnancy?
5. What can people do during a pregnancy to protect the health of the fetus?
6. What causes birth defects? Miscarriage?

APPENDIX C

B. Discuss the meanings of the following terms:

fraternal twins
"identical" twins
breech birth
cesarean section
miscarriage
episiotomy
Rh factor
toxemia
fetal alcohol syndrome
bag of waters
Leboyer method
Lamaze method
circumcision

APPENDIX D

SAMPLE PARENT NOTIFICATION FORM

George Washington High School
600 Lincoln Blvd.
Franklin, CA 90000

February 14, 1979

Dear Parent:

The Educational Code requires that parents be notified in advance of any course in which family life education is to be discussed. Beginning March 1, Washington High School will be offering a 2-week course to our sophomore students as part of their health class. Topics to be covered include anatomy, physiology, pregnancy, birth control, venereal disease, adoption, abortion, parenting, sex roles and decision-making.

Parents may review films and materials to be used in the course on Wednesday evening, February 20, from 7:00 - 8:30 P.M. at the school library. Please call if you are interested in previewing the materials.

If you do not want your child to participate in this course, please sign the form below and return to school so that we can schedule him/her into an alternate class. If we do not hear from you, we will assume that you approve of your child's participation in this course.

Sincerely,

Hollis Smith
Principal

- -

I do not want my son/daughter ______________________________
Student's name

to participate in the family life education course.

____
Parent or Guardian's signature

____
Address

______________________ ______________________
Phone Date

APPENDIX E

PARENTS REVIEW NIGHT

YOU ARE INVITED TO ATTEND AN EVENING MEETING TO REVIEW MATERIALS FOR THE FAMILY LIFE UNIT OF THE SOPHOMORE HEALTH CLASS.

AGENDA

7:00 to 7:20	Materials Display
7:20 to 7:30	Introduction and Course Outline
7:30 to 7:45	Answering Students' Questions about Sexuality
7:45 to 8:10	Decision-Making Exercise
8:10 to 8:30	Film: "When Life Begins"

when	*where*
FEBRUARY 20, 1979	LIBRARY
7:00-8:30 p.m.	George Washington High School

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